|  |
| --- |
| **Overtime/Compensatory Time Request and Authorization** |

Overtime/Compensatory time may only be allowed if this form has been approved in advance of the overtime worked. Overtime is paid at a rate of 1-1/2 times the normal hourly rate for hours worked in excess of 40 during a work week. Compensatory time is time off granted in lieu of overtime, at the same rate as overtime. A work week begins at 12:01 am Saturday and ends at 12:00 am the following Friday.

**Instructions:** Employee submits request to time approving Supervisor. If approved, Supervisor routes to Director level for final approval. Retain form in Departmental Employee file.

|  |
| --- |
| EMPLOYEE INFORMATION |

|  |  |
| --- | --- |
| Name:       | Banner ID:       |
| Title:       | Department:       |
| Email:       | Phone:       |

|  |
| --- |
| OVERTIME REQUEST DETAILS |

|  |
| --- |
| Estimated hours of overtime/compensatory time being requested:      |
| Enter the dates and times that overtime needs to be worked:       |
| Description of project or work to be performed during overtime hours:       |
| Description of why work cannot be completed during regular work hours:       |

|  |
| --- |
| AUTHORIZATION |

|  |
| --- |
| For the hours above, I am requesting:[ ]  Overtime Payment; or [ ]  Compensatory Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature Print Name Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Approving Supervisor Signature Print Name Date*Approved by:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director Signature Print Name Date |

 ***Retain signed form in Employee’s Departmental File***

*Created 9/12/16*