OSSTF OVERTIME AUTHORIZATION FORM

Please submit the overtime form to your supervisor for approval **PRIOR** to working any overtime. This form will then be returned to you to complete and sign. Once complete, this form must be: 1) submitted to your supervisor to sign for authorization of payment/lieu time, and 2) sent to the Payroll Department if payment is required.

Request for overtime:

_____ _____
Employee Name Department

_____ _____
Project or description of work requiring overtime Total estimated overtime hours

Approval to accrue overtime (*supervisor's approval of overtime must be obtained* ***in advance***):
I authorize this request to work overtime hours.

_____ _____ _____
Supervisor's Name Supervisor's Signature Date

Actual overtime hours worked:

Week Ending (Saturday's Date)		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total Overtime Hours Worked/Week		

Please ensure that all hours are rounded to the nearest quarter (e.g. 4.45 rounds to 4.50).

I certify that this is a true and correct claim of overtime incurred by me on the dates listed. Additionally, I wish to receive payment _____ or lieu time ____ for the total overtime hours worked.

_____
Employee's Name

_____
Employee's Signature

_____
Date

For Supervisor use only:
I certify that this is a true and correct claim of overtime incurred by the above employee on the above dates. Therefore, I authorize payment/lieu time for the above overtime.

_____ _____ _____
Supervisor's Signature Date Account Number (optional)

For Payroll purposes only: Confirmed by:

$_____ _____ $_____ _____
Rate of pay Total number of hours Total overtime to be paid Date to be paid