



**OVERTIME WORK REQUEST & REPORT**  
**OVERTIME MUST BE REQUESTED BY THE WEEK**

I. Employee: \_\_\_\_\_ Employee #: \_\_\_\_\_  
Overtime Reason: \_\_\_\_\_  
Estimated Dates/Times: \_\_\_\_\_  
Maximum Number of Extra Hours to be Worked: \_\_\_\_\_

The employee and the Vice President/Authorized Designee agree and request that the overtime be treated in the following manner (check one):

\_\_\_\_\_ Employee will receive compensatory time at 1 ½ times the rate of actual overtime hours worked.

\_\_\_\_\_ Employee will receive overtime pay at 1 ½ times his/her normal hourly rate for each hour of overtime work performed.

\_\_\_\_\_ Employee chooses to decrease hours worked in a workday later in the same workweek on an hour-to-hour basis.

\_\_\_\_\_  
Signature of Vice President/Authorized Designee  
Who Determined Overtime Need and Made Request

\_\_\_\_\_  
Signature of Employee Who Agrees to Work  
Overtime As Reflected Above

*\*Submit entire form to Business Office; overtime may not occur until the request is approved by the President and returned to the Vice President/ Authorized Designee.*

II. Business Office Verification (check appropriate statement[s]):

\_\_\_\_\_ Employee will have less than 240 hours of compensatory time accumulated after this overtime work and may receive compensatory time.

\_\_\_\_\_ Employee has accumulated 240 hours of compensatory time and must receive overtime pay.

\_\_\_\_\_ Department budget has sufficient funds available for overtime pay.

\_\_\_\_\_ Department budget does not have sufficient funds available for overtime pay.

Comments: \_\_\_\_\_

Verified by: \_\_\_\_\_

*\*Submit entire form to President.*

III. President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Submit entire form to Vice President/ Authorized Designee*

IV. Actual number of hours worked beyond the normal 40-hour week or hours for which overtime compensation is appropriate (for example, working on a holiday): \_\_\_\_\_

Actual Dates/Times: \_\_\_\_\_

\_\_\_\_\_  
Vice President/Authorized Designee Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*\*Submit one copy, with monthly timesheet, to the Business Office and maintain a copy for the Vice President/Authorized Designee and Employee.*

**ATTACH APPROVED FORM TO TIMESHEET**

06/13/2017  
Business Office