

PRIOR APPROVAL REQUEST FOR CLASSIFIED OVERTIME

** Return this form with the time sheet that designates the overtime listed **

Check one:

☐ Comp Time

☐ Cash

REASON FOR OVERTIME (check one)

☐ Due to additional work or deadlines

☐ Other _____

☐ Due to staff shortages, vacations or sick leave, etc.

☐ Overtime paid for work on holiday

☐ Due to an emergency situation

DESCRIPTION OF OVERTIME

Date(s)	Description	Times	Estimated Hours	Total Actual Hours Worked
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____

SIGNATURES

EMPLOYEE _____ Employee ID Number _____ / /

EMPLOYEE'S SUPERVISOR _____ / /

Rev.10/08

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APPROVAL MUST BE OBTAINED PRIOR TO WORKING THE ESTIMATED OVERTIME HOURS.

Check the appropriate reason for the overtime. If none of the listed reasons for overtime apply, use the "Other" category and explain the reason. Fill in the appropriate date(s), description, times, and estimated hours that correspond to the overtime you are requesting.

Sign, date and submit the form to your supervisor. Be sure to include your employee ID number. The employee's supervisor must sign and date this form, and it must have both signatures. **When the account supervisor is different than the employee supervisor, they must consult prior to the work being performed except in emergency situations as determined by the appropriate authority.**

The employee supervisor will complete the "Total Actual Hours Worked" when the employee time sheet is submitted to them. The employee supervisor is responsible for returning **one copy** of this form with the time sheet that designated the overtime listed and submitting it to the Office of Human Resources, WA 336. One copy will be returned to the employee by his/her supervisor.

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This document is available in alternative format to individuals with disabilities by calling the Office of Human Resources at 507-389-2015 (V), 800-627-3529 or 711 (MRS/TTY).