

APPROVAL FOR OVERTIME HOURS FOR NON-EXEMPT EMPLOYEES

NAME OF EMPLOYEE _____

PERSON ID _____ PERNR _____

DATE(S) OVERTIME WILL BE INCURRED _____

ESTIMATED NUMBER OF OVERTIME HOURS _____

COMPENSATION FOR TIME OFF	PAY TIME OFF	

REASON FOR OVERTIME _____

SIGNATURE _____
UNIT ADMINISTRATOR OR SUPERVISOR

SIGNATURE _____
EMPLOYEE

RECORD OF OVERTIME	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
DATE								
OVERTIME HRS								

COMPENSATION

TIME OFF (INDICATE DATES AND HOURS) _____

PAY (INDICATE DATE PAID AND HOURS) _____

INSTRUCTIONS:

1. Each department is responsible for maintaining a record of overtime hours earned and when and how compensated. This record must be retained for 3 years.
2. Overtime must be approved in advance by either the employee's supervisor or the unit administrator on a weekly basis ending with Saturday.
3. Complete a separate form for each employee.
4. Overtime hours must be recorded daily.
5. Compensation for overtime should be determined by the supervisor or unit administrator.
6. When an employee is to be paid for overtime hours, enter the appropriate information in CATS for payment on the next scheduled payroll.
7. Employees must sign this form indicating their understanding of the compensation method.