**OVERTIME SHEET**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TIME REQUEST FORM — TRAVEL AND OVERTIME | | | | | | | | |
| **EMPLOYEE NAME** | **EMPLOYEE ID** | | | | **DATE FORM COMPLETED** | **SELECT ONE** | |  |
|  |  | | | |  | PRE-APPROVAL | |  |
| **IMMEDIATE SUPERVISOR** | **DEPARTMENT** | | | | | POST-APPROVAL | |  |
|  |  | | | | | TRAVEL | |  |
|  |  | | | |  |  | |  |
| **PROPOSED OVERTIME WORK SCHEDULE** | | | | | | | | |
| **OVERTIME START DATE** | **OVERTIME END DATE** | | | |  | **FLSA STATUS** | |  |
|  |  | | | |  | FLSA EXEMPT | |  |
| **PROPOSED # REG HOURS** | **PROPOSED # OT HOURS** | | | | **PROPOSED TOTAL HOURS** | FLSA NON-EXEMPT | |  |
| 0.00 | 0.00 | | | | 0.00 | *If status unknown, contact HR* | | |
|  |  | | | |  |  | |  |
| **PURPOSE OF OVERTIME** |  | | | |  |  | |  |
|  | | | | | | | | |
|  |  | | | |  |  | |  |
| **PROPOSED TRAVEL SCHEDULE** | | | | | | | | |
| **TRAVEL START DATE** | **TRAVEL END DATE** | | | | **RESIDENTIAL LOCATION** | | | |
|  |  | | | |  | | | |
| **PROPOSED # REG HOURS** | **PROPOSED # OT HOURS** | | | | **DESTINATION LOCATION** | | | |
| 0.00 | 0.00 | | | |  | | | |
|  |  | | | |  |  | |  |
| **COMPENSATION** |  | | | |  | **SELECT ONE** | |  |
| *If overtime approved, select method of compensation.* | | | | | Overtime pay at 1.5 times my hourly rate | | |  |
| **EMPLOYEE SIGNATURE** | | | **DATE** | | Compensatory Time (Straight Time) | | |  |
|  | | |  | | Compensatory Time for Travel (Straight Time) | | |  |
|  |  | | | |  |  | |  |
| APPROVAL / DENIAL Comment Below: Explanation of Modification -or- Basis for Denial | | | | | | **SELECT ONE** | |  |
|  | | | | | | APPROVED | |  |
| APPROVED  with modification | |  |
| DENIED | |  |
|  |  | | | |  |  | |  |
| **APPROVAL SIGNATURES** | |  | | |  |  | |  |
| **SUPERVISOR SIGNATURE** | | | | **DATE OF APPROVAL** | **APPROVING OFFICIAL SIG. 2** | | **DATE OF APPROVAL** | |
|  | | | |  |  | |  | |