**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** |
|   |   |   |   |