

RECORD OF OVERTIME

PLEASE USE THIS FORM TO REQUEST PRE-AUTHORIZATION FOR OVERTIME AND TO RECORD OVERTIME HOURS WORKED. FURTHER DIRECTIONS ON REVERSE.

SECTION 1: REQUEST FOR OVERTIME

DEPARTMENT _____ DEPARTMENT NUMBER _____

EMPLOYEE NAME _____ EMPLOYEE NUMBER _____

EMPLOYEE CLASSIFICATION _____

DATES REQUIRED _____ NUMBER OF HOURS _____

NATURE OF WORK INVOLVED AND REASON FOR OVERTIME: _____

OVERTIME FOR: TIME OFF IN LIEU ☐

PAYMENT ☐ ESTIMATED COST \$ _____

SOURCE OF FUNDS

F O A P A L

PREPARED BY _____ DATE _____

AUTHORIZED BY _____ DATE _____

SECTION 2: OVERTIME WORKED

USE 2400 CLOCK

WEEK ENDING _____

DAY	DATE (CCYY-MM-DD)	START TIME	END TIME	CODE	HOURS WORKED
Please attach time report for paid overtime					
TOTAL ACTUAL HOURS WORKED					

CERTIFIED CORRECT BY _____ DATE _____

APPROVED BY _____ DATE _____

SECTION 3: DEPARTMENT OF HUMAN RESOURCES USE ONLY

OVERTIME HOURS CHECKED IN ACCORDANCE WITH TERMS AND CONDITIONS YES ☐ NO ☐

INITIALS _____