

# 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
<b>Please attach time report for paid overtime</b>					<b>TOTAL ACTUAL HOURS WORKED</b>

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 \_\_\_\_\_