



## OVERTIME AGREEMENT

<b>Name:</b>	_____	M.I.	_____
	First		Last
<b>S#:</b>	S _____	<b>Phone #:</b>	_____
<b>Email:</b>	_____		

**Overtime Requested**

Date Overtime to Start: \_\_\_\_\_ Time: \_\_\_\_\_

Date Overtime to End: \_\_\_\_\_ Time: \_\_\_\_\_ Hours of Overtime Requested: \_\_\_\_\_

Reason Overtime is Necessary: \_\_\_\_\_

Internal Use Only			
Type of Overtime:	Time and a Half	OR	Straight Time (Hour for Hour)
I authorize:	<input type="checkbox"/> Monetary Payment for Time Worked <input type="checkbox"/> Compensatory Time In Lieu of Payment for Overtime Worked		
<b>Department Director:</b>	_____	_____	_____
	Print Name	Signature	Date

<b>Employee:</b>	_____	_____	_____
	Print Name	Signature	Date
<b>Supervisor:</b>	_____	_____	_____
	Print Name	Signature	Date
<b>Human Resources:</b>	_____	_____	_____
	Print Name	Signature	Date

- Instructions:
- This document is required for overtime eligible (non-exempt) employees only.
  - Overtime is compensated at the rate of 1½ times the regular hourly rate for every hour worked over the 40-hour work-week. This applies to monetary payment and compensatory time off.
  - Compensatory time off in lieu of cash payment for overtime work performed will be required unless payment is approved by the Department Director.
  - Weeks that include a holiday, sick, sick relative, annual, funeral or administrative leave will be considered straight time unless more than 40 hours are physically worked.
  - Monetary payment for overtime hours worked must be approved by the Department Director in advance.**