

Non-Exempt Higher Education Officer Series Staff

Request for Compensatory Time and/or Paid Overtime

(ONE FORM PER WEEK)

Print Employee Name: _____

Employee Signature: _____

Department: _____

***Do not reflect these earned hours on your department's monthly time report.**

Indicate DATE:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total OT Hours worked
Indicate # of OT hrs wrkd/pr day								

Compensatory Time Earned: _____ (Not more than 5 hrs)

For Timekeeper: **Comp Time begins on the 36th hour of work.**

CT Earned

Paid Overtime Hours: _____

For Payroll: **Paid overtime begins on the 41st hour of work.**

Paid OT

The overtime hours indicated on this form were required and were requested by me.

Print Supervisor's Name	Signature	Date

**The overtime hours indicated on this form were pre-authorized me.
The Budget was checked for payment of OT hours over 40.**

Dean, Chair or AVP	Signature	Date