OVERTIME PRE-APPROVAL FORM

Overtime Provision: Supervisory personnel may assign overtime to non-exempt employees. However, employees are not permitted to work overtime without the prior approval of their supervisor or department head. For the purposes of overtime compensation, only hours worked in excess of 40 during a workweek or 8 hours in a day, will be counted.

1. Complete the Overtime Pre-Approval Form prior to working overtime.
2. Submit the Overtime Pre-Approval Form to your supervisor for approval prior to working unscheduled overtime.
3. Attach Overtime Pre-Approval Form to your time card prior to submission to the Payroll Department.

Employee Name: ___________________________________  Employee #: __________________

Job Title: _________________________________________  Location: _________________________

Date to work requested overtime: ________________  Number of hours requested: ________________

Reason for requested overtime:
____________________________________________________________________________
__________________________________________________________________________________

All non-exempt employees are required to maintain individual time records of hours worked on a weekly basis. Employees should record their starting time, time out for lunch, time in from lunch, quitting time, and total hours worked for each day. Time records should be verified and signed by the supervisor.

Employees are not permitted to begin work before their normal starting time or to continue working after their normal quitting time (this includes taking work home and working through lunch breaks) without the prior approval of their supervisor.

Employees are required to take scheduled lunch breaks. Filling out another employee’s time record or falsifying any time record is prohibited and may be grounds for disciplinary action up to and including termination of employment.

If after having been told to cease, an employee continues to work extra hours that have not been approved by the supervisor, it may become grounds for disciplinary action up to and including termination of employment.

_____ Approved  _____ Not Approved  Date signed: ____________________________

Print Supervisor Name: __________________________  Supervisor’s Signature: ____________________

Department of Human Resources – Revised 7/25/2017