

## REQUEST AND AUTHORIZATION

 **OVERTIME**
 **COMP TIME**
 **HOLIDAY**

1. Name: \_\_\_\_\_

2. AB #: \_\_\_\_\_

3. Dept. \_\_\_\_\_

4. Dept. No. \_\_\_\_\_

5. Pay period ending date: \_\_\_\_\_

6. Employment Status

 **exempt**
 **non-exempt**

### 7. REQUEST AND APPROVAL SIGNATURES

\_\_\_\_\_ Employee \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_ Date

**8. REGULAR TOUR OF DUTY** – Enter date, your regular work schedule, i.e. 8 – 12:00 and 1 – 5 pm, also indicate your lunch break, the number of hours you are scheduled to work each day, and your regular days off. **Do not** include overtime information here.

	SAT	SUN	MON	TUE	WED	THU	FRI
<b>Date:</b>							
Schedule: From – To							
Lunch							
From - To							
Total Hrs:							

**9. ACTUAL WORK PERFORMED** – Enter hours actually worked. If applicable, enter holiday worked in Date column.

	SAT	SUN	MON	TUE	WED	THU	FRI
<b>Date:</b>							
Schedule: From – To							
Lunch							
From - To							
Total Hrs:							

**10. TOTAL HOURS ACTUALLY WORKED IN THE WORK WEEK ABOVE** \_\_\_\_\_

### 11. COMPENSATION

Account Number: \_\_\_\_\_ 2520/2620/2565/2570

 Check method of compensation     Cash Payment     Compensatory Time     Holiday Pay     Special Duty

 Check one/indicate no. of hours     Half Time \_\_\_\_\_ hrs.     Straight Time \_\_\_\_\_ hrs.

 Double Pay \_\_\_\_\_ hrs.     Time and a Half \_\_\_\_\_ hrs.

Comments: \_\_\_\_\_

**12. CERTIFICATION** – We certify that the above employee worked the hours indicated and is entitle to compensation. We also certify that the sufficient funds are available.

\_\_\_\_\_ Timekeeper \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_ Date

For Payroll Use	For Contract/General Accounting Use
Previous CT Balance: _____ Total hours worked: _____ x 1.0 = _____ Total hours worked: _____ x 1.5 = _____ New CT Balance: _____ Date: _____	Funds Available <input type="checkbox"/> yes <input type="checkbox"/> no Signature _____ Title _____ Date _____