

REQUEST AND AUTHORIZATION

 OVERTIME
 SPECIAL DUTY
 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
Date:							
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
Date:							
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 yes no
 Signature _____
 Title _____
 Date _____