

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	SAT	SUN	MON	TUE	WED	THU	FIR
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	SAT	SUN	MON	TUE	WED	THU	FIR
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

Check method of compensation

 Cash Payment

 Compensatory Time

 Holiday Pay

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 entitled 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 _____