

Request for Overtime Credit

Employee's Name _____ Employee AIS No. _____ Department (Organization) _____

Please report actual overtime hours worked. The Payroll Office will calculate the overtime payment amount. For each recorded date, please indicate whether the time is for payment or for compensatory time. **Note: If compensatory time is marked do not send to Payroll. Please complete a new form for each pay period.**

Date	Beginning Time	Ending Time	Overtime Hrs	Reason	Payment	Comp Time
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature _____ Date _____

Comments _____

To be completed by Supervisor									
Fund	Unit	Budget Purpose	Activity 1	Activity 2	Function	Natural Acct.	Object	FY	Inst. Activity

Costing code must be supplied if different from regular assignment costing. The Overtime Account Section of the Assignment Costing form must be completed in order for the overtime to be paid from a different account than the regular assignment. All of the segments of the account **MUST** be completed.

Approvals:

Immediate Supervisor _____ Date _____ Approve Disapprove

Fiscal Officer _____ Date _____ Approve Disapprove

Other (as required by dept.) _____ Date _____ Approve Disapprove