



EMERGENCY OVERTIME REQUEST FORM

I. Employee: _____ Employee #: _____

Emergency Overtime Reason: _____

Actual Dates & Times Worked: _____

*******Documentation must be attached to justify the reason for emergency overtime worked.*******

The employee and the Administrator/Authorized Designee agree and request that the overtime be treated in the following manner (check one):

_____ Employee will receive compensatory time at 1 ½ times the rate of actual overtime hours worked.

_____ Employee will receive overtime pay at 1 ½ times his/her normal hourly rate for each hour of overtime work performed.

_____ Employee chooses to decrease hours worked in a workday later in the same workweek on an hour-to-hour basis.

Signature of Supervisor/Administrator
Who Determined Overtime Need and Made Request

Date

Signature of Employee Who Agrees to Work
Overtime as Reflected Above

Date

**Submit entire form to Business Office; overtime may not occur until the request is approved by the President and returned to the Administrator or Authorized Designee.*

II. Business Office Verification (check appropriate statement[s]):

_____ Employee will have less than 240 hours of compensatory time accumulated after this overtime work and may receive compensatory time.

_____ Employee has accumulated 240 hours of compensatory time and must receive overtime pay.

_____ Department budget has sufficient funds available for overtime pay.

_____ Department budget does not have sufficient funds available for overtime pay.

Comments: _____

Signature of Chief Financial Officer

Date

**Submit entire form to President.*

III. **President Approval:** _____ **Date:** _____

**Submit entire form to Administrator/ Authorized Designee*

Administrator/Authorized Designee Signature

Employee Signature

Date

**Submit one copy, with monthly timesheet, to the Business Office and maintain a copy for the Vice President/Authorized Designee and Employee.*

ATTACH APPROVED FORM TO TIMESHEET

09/19/2019
Business Office