All Overtime Must Be Pre-Scheduled and Pre-Approved

TRANSPORTATION RESEARCH CENTER
OVERTIME AUTHORIZATION FORM
For non-exempt employees

DATE: __________________________

EMPLOYEE NAME: ____________________________________________

SUPERVISOR NAME: __________________________________________

| PROJECTED # OF OVERTIME HOURS TO BE WORKED: __________________ |
| DATES OVERTIME TO BE PERFORMED: ______________________________ |
| PURPOSE/PROJECT: __________________________________________ |

EMPLOYEE: Please choose how you want to be compensated for these hours (*both are at “time and a half” the number of hours worked over your 37.50 full-time work hours*):  

- [ ] **COMPENSATORY TIME:** _____  OR  **PAID OVERTIME:** ______

  If requesting payment, please provide your hourly rate of pay:  $________/hour

**With either selection, after completion of week where overtime hours occurred, please record your hours in PeopleSoft under Exception Time Reporting selecting compensatory time off or paid overtime (premium time will automatically be calculated for you)**

EMPLOYEE SIGNATURE: ______________________ DATE: ________________

SUPERVISOR SIGNATURE: ______________________ DATE: ________________

BUSINESS MANAGER: __________________________ DATE: ________________

DIRECTOR SIGNATURE: __________________________ DATE: ________________