

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: _____