

Non-Exempt Employee Request to Work Overtime

Supervisor: _____

Employee: _____

Date: _____

I request approval to work _____ hours of overtime during the pay period beginning on _____.

Reason for Overtime

I will keep an accurate record of actual hours worked and agree to accept compensatory overtime leave at the rate of 1.5 times the actual hours worked over 40 in the work week.

Employee Signature: _____

Approved: ___ Not Approved: ___

Comments

Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____