

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 will receive overtime pay at the rate of 1.5 times my hourly rate for actual hours worked over 40 in the work week.

Overtime pay must be approved in advance by supervisor and department head.

Employee Signature: _____

Approved: ___ Not Approved: ___

Comments

Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____