## INDIVIDUAL OVERTIME FORM

\* THESE AREAS MUST BE COMPLETED: \*NAME:\_\_\_\_\_\_\* EMPLOYEE NUMBER:\_\_\_\_\_ \*CLASSIFICATION: \*RATE OF PAY: \*DEPARTMENT: \*DEPARTMENT NUMBER(S) NOTE: PLEASE USE 1/4(.25), 1/2(.50), OR 3/4(.75) HOUR INCREMENTS ONLY ALL TIMES INDICATED BELOW SHOULD BE ACTUAL HOURS WORKED \*DATE \* TYPE & TIME OF \* ST \* T 1/8 \* T ½ \* DT WORK PERFORMED \*TOTALS \* OVERTIME TO BE COMPENSATED: PAY: MUST BE SUBMITTED ON A BIWEEKLY BASIS TO HUMAN RESOURCES OFFICE (12.5 WORKING DAYS PRIOR TO PAY DATE) TIME OFF IN LIEU OF PAY: \_\_\_\_\_ MUST BE SUBMITTED ON A MONTHLY BASIS TO HUMAN RESOURCES OFFICE \*SIGNATURE OF DEPARTMENT AUTHORITY: DATE: Please print name:

SIGNATURE HUMAN RESOURCES: