

INDIVIDUAL OVERTIME FORM

(Security and Facilities)

*** 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 WORK PERFORMED	* ST	* T 1/8	* T ½	* DT	Overtime Trigger	TOTAL

	*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: _____