



**CLAFLIN UNIVERSITY  
OVERTIME FORM  
NON-EXEMPT EMPLOYEES**

**PART A** (Prior Approval Request For Anticipated Overtime Hours)

Employee's Name \_\_\_\_\_ Position Title \_\_\_\_\_

Department/Division \_\_\_\_\_ Division Budget Code \_\_\_\_\_

It is requested that the aforementioned employee be permitted to work (anticipated time) beyond regular duty hours as follows:

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Month	Day	Year	From	To	# of hours

Signatures:

\_\_\_\_\_  
Supervisor Making the Request Date \_\_\_\_\_

\_\_\_\_\_  
Appropriate Vice President Date \_\_\_\_\_  Approved  
 Disapproved  
(Certifies funds are available and approval of request)

\_\_\_\_\_  
Employee Date \_\_\_\_\_

\_\_\_\_\_  
Time & Record Verification Signature \_\_\_\_\_ Date \_\_\_\_\_  Approved  
 Disapproved  
Director of HR/Designee

Reason (disapproval only) \_\_\_\_\_

**PART B** (Actual overtime hours worked)

**INSTRUCTIONS:** Report total of all hours worked on a daily basis (regular hours, leave hours, overtime hours) during the work week of the authorized request. Also, attach an approved copy of the Recordkeeping Document.

**CERTIFICATION:** The above employee did in fact work hours as follows:

**FOR PAYROLL USE ONLY**

Day	S	M	T	W	TH	F	S	TOTAL #	Straight Time Rate	Time & One-Half Rate	AMOUNT
MTH/DATE WEEK I											
# OF HRS											
MTH/DATE WEEK II											
# OF HRS											
<b>Total Payment</b>											

My signature certifies that the information is correct.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

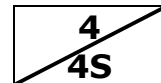
Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **OVERTIME PROCEDURES FOR NON-EXEMPT EMPLOYEES**

The top section (Part A) is a request for prior approval and must be completed and approved before an employee is permitted to work overtime. The entire section must be completed and signed by the immediate supervisor, employee, HR Director/designee, and appropriate Vice President. The Office of Human Resources is only responsible for verifying that the employee is eligible for overtime and the supporting documentation is appropriate. The Vice President's signature certifies that funds are available and the immediate supervisor's request has been approved.

**Exceptional actions:** In case of emergencies, the appropriate Vice President/designee must give verbal approval for overtime work and provide an explanation on the Overtime form in the reason space.

When Part A is approved by the appropriate Vice President, the Overtime form must be returned or retrieved by the immediate supervisor making the request. Once the work has been performed, Part B (actual overtime hours worked) must be completed. If a non-exempt employee used leave during the requested period, indicate the type of leave (holiday = H, vacation = V, sick = S, and other leave types = O) and the appropriate number of hours. If the leave was for less than eight (8.0) hours, use a double entry in the hour box, i.e. employee worked 4.0 hours and took 4.0 hours of sick leave time. The entry would be as follows:



The sick leave time or any other type of leave used is not included in the total number of hours worked. Overtime pay is based upon actual work hours. The Overtime form must be submitted to the Payroll Manager in accordance with the **payroll due date schedule**.

**These procedures are in accordance with guidelines under the Fair Labor Standards Acts.**