FLORIDA ATLANTIC UNIVERSITY OVERTIME FORM

SECTION I - ADVANCE APPROVAL (THIS SECTION MUST BE COMPLETED BEFORE OVERTIME HOURS HAVE BEEN WORKED)		
NAME	ID NO	OPS
POSITION#:	DEPARTMENT:	
APPROXIMATE HOURS	S APPROVED TO BE WORKED:	PAY PERIOD:
JUSTIFICATION REASO	DNS:	
TYPE OF OVERTIME:	CASH COMP. (Maximum	accrual is 120 hours)
I certify that the	e above request is within the current buc	dget appropriation for this area.
☐ APPROVED ☐ DISAPPROVED	IMMEDIATE SUPERVISOR	DATE
☐ APPROVED ☐ DISAPPROVED	DEAN/DIRECTOR	DATE
SECTION II - ACTUAL	. HOURS WORKED VERIFICATION	
Actual Hours Worked:	Supervisor Verification:	
	Ini	itials Date
~	~~ RETURN TO THE TIMEKEEPER FOR P	ROCESSING ~~~
SECTION III - TIMEK	EEPING ADMINISTRATOR VERIFICATION	
•	ts hours worked in excess of forty (40) in the workweek in excess of 40 in the specified week are approved at one and o	
Overti	ime Entered Date	e: