# FLORIDA ATLANTIC UNIVERSITY

## OVERTIME FORM

**SECTION I** - ***ADVANCE APPROVAL*** -
**(THIS SECTION MUST BE COMPLETED BEFORE OVERTIME HOURS HAVE BEEN WORKED)**

☐ **USPS**
☐ **OPS**

NAME _____ ID NO. _____

ASSIGNMENT CODE: _____ DEPARTMENT: _____

APPROXIMATE HOURS APPROVED TO BE WORKED: _____ PAY PERIOD: _____

JUSTIFICATION REASONS: _____

TYPE OF OVERTIME: ☐ CASH ☐ COMP. (Maximum accrual is 120 hours)

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**I certify that the above request is within the current budget 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: _____ _____
Initials Date

**~~~ RETURN TO THE TIMEKEEPER FOR PROCESSING ~~~**

**SECTION III** - ***TIMEKEEPING ADMINISTRATOR VERIFICATION*** -

**The attached time card reports hours worked in excess of forty (40) in the workweek indicated. Payments/overtime compensatory leave credits for hours worked in excess of 40 in the specified week are approved at one and one-half times the employee's hourly rate equivalent.**

**Overtime Entered** _____ **Date:** _____
Initials

11/17/03