

# COMPENSATORY/OVERTIME REQUEST FORM (NON-EXEMPT EMPLOYEES ONLY)

## Section I – Advance Approval

(This section must be completed before overtime/compensatory hours have been worked.)

Employees may accrue a maximum of 240 hours of compensatory time. They must be paid for overtime work. Compensatory time should always be requested until an employee has accrued 240 hours. Where funds are available, exceptions may be authorized by the Business and Finance department. The University and supervisors have the authority to control the use and payout of compensatory time.

Please note: Some departments have specific blackout periods during the year. If this is applicable, time off will not be granted during the time frame (consult your supervisor for details).

Name of Employee \_\_\_\_\_ Employee Number \_\_\_\_\_

Date \_\_\_\_\_ Department \_\_\_\_\_

Approximate Number of Hours in Excess of 40/Week Approved to Work \_\_\_\_\_

☐ Call Back Hours \_\_\_\_\_ x 1.5 = \_\_\_\_\_ x hourly rate \_\_\_\_\_ = Cost \$ \_\_\_\_\_

☐ Overtime Pay Hours \_\_\_\_\_ x 1.5 = \_\_\_\_\_ x hourly rate \_\_\_\_\_ = Cost \$ \_\_\_\_\_

☐ Compensatory Time Hours \_\_\_\_\_ x 1.5 = \_\_\_\_\_ total hours \_\_\_\_\_

☐ Straight Time (excluding working on a holiday) \_\_\_\_\_ hours x hourly rate \_\_\_\_\_ = Cost \$ \_\_\_\_\_

☐ Funds have been secured from a non ASU source \_\_\_\_\_

Date(s) From \_\_\_\_\_ To \_\_\_\_\_ Include Holiday? ☐ Yes ☐ No

Account Number to be Charged (Required) \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

Name of Event \_\_\_\_\_ ☐ ASU Event ☐ Non ASU Event

Justification for Overtime/Compensatory Time \_\_\_\_\_

## APPROVAL

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Cost Center Manager/Dept. Head \_\_\_\_\_ Date \_\_\_\_\_

Area Vice President \_\_\_\_\_ Date \_\_\_\_\_

Business and Finance \_\_\_\_\_ Date \_\_\_\_\_

## Section II – Verification of Actual Overtime/Compensatory Hours Worked

(Attach to payroll certification prior to submission for payment.)

Only upon verification should this compensatory/overtime form be submitted to payroll.

Number of Compensatory/Overtime Hours Worked \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Immediate Supervisor's Signature \_\_\_\_\_

Authority from Academic Staff Handbook, Section 3.1.4(g): No supervisor is authorized to permit a non-exempt employee to work overtime/compensatory time with prior approval of the immediate supervisor, area vice president and the vice president for Business and Finance or their designees.

Effective June 8, 2008. This form supersedes all other overtime forms. (Form updated September 2014)

# Sample Form For Exempt Overtime

**Howard I. Hatoff, Robert C. Wert**



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