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

there's be requested until an employee hance department. The University and	as accrued 240 hours. Who supervisors have the author	time. They must be paid for overtime wor ore funds are available, exceptions may be tilly to control the use and payout of com- ting the year. If this is applicable, time of	se authorized by the Business and pensalory time.
heme (consult your supervisor for details		ing the year is that is aggindable, time as:	Will har be greated during the time
Name of Employee		Employee Number	
Daha Departn	500000		
Approximate Number of Hours in Ex	cess of 40/Week Approv	red to Work	
) Call Back Hours	x 1.5 -	x hourly rate	= Cost \$
) Overtime Pay Hours	x 1.5 -	x hourly rate	- Gost \$
) Compensatory Time Hours			
) Straight Time (excluding work	ing 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 (Re	pulsed)	Estimate	id Cost \$
Name of Event		() ASU Event () Non ASU Eve	ent
Justification for Overtime/Compensa	story Time	614466 356566	
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mmediate Supervisor		De	ster.
The state of the s			
Cost Center Manager/Dept. Head		Da	the
Area Vice President		Dec	ate
Business and Finance		Da	sto
Section II - Verification of A (Attach to payroll certification p		impensatory Hours Worked payment.)	
Only upon verification should the	is compensatory/over	time form be submitted to payrol	L

compensatory time with prior approval of the immediate sugervisor, area vice president and the vice president for Susiness and Finance or their designees.

Authority Non-Academic Staff Handbook, Section 2.1. ((a): No sugervisor is authorized to germit a non-example employee to earn overtime?

Number of Compensatory/Overtime Hours Worked

Immediate Supervisor's Signature

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IM Harris

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