



WEEKLY OVERTIME AUTHORIZATION FORM FOR HEO SERIES EMPLOYEES

Employee Name: _____ Title: _____

Department: _____ Week ending of: _____

DAY OF THE WEEK	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours Worked (A)	Comp Time Earned* (B)	Total Overtime (OT) to be Paid (A-B-OT)
DATE										
ACTUAL HOURS WORKED										

(Holiday, vacation, sick and other leaves are not counted towards a 40 hour work week)

I certify that the above hours accurately reflect the actual hours worked and were approved in advance.

Employee's Signature: _____ Date: _____

I certify that I have approved the hours worked in advance and confirm that the above hours are accurate to the best of my knowledge.

Supervisor's Name (Print): _____ Supervisor's Signature: _____ Date: _____

Approved by: Administrator's Signature _____ Name (Print): _____ Date: _____

To Payroll: Please pay the above overtime (OT) hours as approved by the Supervisor and Designated Administrator.

 Patricia Matthews
 Director of Human Resources
 Signature _____ Date _____

**For Exempt Employees, compensatory time earned after 35 hours. For Non-Exempt Employees, compensatory time earned between 35-40 hours. Eligible for cash overtime payment for hours over 40 in a work week.*