



CLASSIFIED EMPLOYEE OVERTIME PRE-AUTHORIZATION

Pre-authorization: Overtime pre-authorization shall be obtained prior to work. Compensation will be by Overtime Pay or Compensatory Time Off. Please complete and return to the responsible manager.

Employee Name _____ Colleague ID# _____

Authorized to work overtime _____ hours per day on _____ (dates)

For the following reason(s): _____

Management Supervisor Signature: _____ Date: _____

Vice Chancellor or President (or Designee): _____ Date: _____

Overtime Verification: If to be paid, attach a completed pay claim to this form. Submit to Human Resources within 10 days of completion of Overtime worked. Compensatory Time Off must be taken within 12 months of the dates overtime was worked.

Select One: Comp Time Pay Claim

Shift Differential: _____ hours

Total hours of overtime worked on the above dates:

Straight Time _____ hrs. x 1 = _____ hrs.
Time and a Half _____ hrs. x 1.5 = _____ hrs.
Double Time _____ hrs. x 2 = _____ hrs.
Call Back _____ hrs. = _____ hrs.
= _____ Total Hours Granted

Required Signatures:

Employee's Signature _____ Date: _____

Management Supervisor Signature _____ Date: _____

Vice Chancellor or President (or Designee) _____ Date: _____

Overtime claims must be signed by President or Vice Chancellor (or Designee).

For Human Resources Use: Processed by: _____ Date: _____