OVERTIME PRE-APPROVAL FORM

Overtime Provision: Supervisory personnel may assign overtime to non-exempt employees. However, employees are not permitted to work overtime without the prior approval of their supervisor or department head. For the purposes of overtime compensation, only hours worked in excess of 40 during a workweek will be counted (refer to your bargaining unit agreement for any deviation from this standard).

1. Complete this form prior to working overtime.

2. Submit this form to your supervisor for approval prior to working unscheduled overtime.

3. Punch in and out as normal regardless of using Kronos or paper timesheets.

Employee: ___________________________  Employee #: ___________________________

Job Title: ___________________________  Location: ___________________________

Date to work requested overtime: _____________  Number of hours requested: _____________

Reason for requested overtime:
________________________________________________________________________
________________________________________________________________________

All non-exempt employees are required to maintain individual time records of hours worked on a weekly basis.

Employees should record their starting time, time out for lunch, time in from lunch, quitting time, and total hours worked for each day. Time records should be verified and signed by the supervisor.

Employees are not permitted to begin work before their normal starting time or to continue working after their normal quitting time (this includes taking work home and working through lunch breaks) without the prior approval of their supervisor.

Employees are required to take scheduled lunch breaks.

Filling out another employee’s time record or falsifying any time record is prohibited and may be grounds for disciplinary action up to and including termination.

If after having been told to cease, an employee continues to work extra hours that have not been approved by the supervisor, it may become grounds for disciplinary action.

____ Approved  ____ Not Approved

Supervisor’s Signature: ___________________________  Date Signed: ___________________________

Printed Name of Supervisor: ___________________________