

# FLORIDA ATLANTIC UNIVERSITY OVERTIME FORM

## SECTION I - ADVANCE APPROVAL

(THIS SECTION MUST BE COMPLETED BEFORE OVERTIME HOURS HAVE BEEN WORKED)

SP  
 OPS

NAME \_\_\_\_\_ ID NO. \_\_\_\_\_

POSITION#: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

APPROXIMATE HOURS APPROVED TO BE WORKED: \_\_\_\_\_ PAY PERIOD: \_\_\_\_\_

JUSTIFICATION REASONS: \_\_\_\_\_

TYPE OF OVERTIME:  CASH  COMP. (Maximum accrual is 120 hours)

I certify that the above request is within the current budget appropriation for this area.

£ APPROVED

£ DISAPPROVED

\_\_\_\_\_  
IMMEDIATE SUPERVISOR

\_\_\_\_\_  
DATE

£ APPROVED

£ DISAPPROVED

\_\_\_\_\_  
DEAN/DIRECTOR

\_\_\_\_\_  
DATE

## SECTION II - ACTUAL HOURS WORKED VERIFICATION

Actual Hours Worked: \_\_\_\_\_ Supervisor Verification: \_\_\_\_\_  
Initials Date

~~~RETURN TO THE TIMEKEEPER FOR PROCESSING ~~~

## SECTION III - TIMEKEEPING ADMINISTRATOR VERIFICATION

The attached time card reports hours worked in excess of forty (40) in the workweek indicated. Payments/overtime compensatory leave credits for hours worked in excess of 40 in the specified week are approved at one and one-half times the employee's hourly rate equivalent.

Overtime Entered \_\_\_\_\_  
Initials

Date: \_\_\_\_\_