

FLORIDA A&M UNIVERSITY
REQUEST FOR OVERTIME/OVERTIME COMPENSATORY LEAVE

TO: Human Resources/Personnel

THROUGH: _____
TYPE NAME: (APPROPRIATE VICE PRESIDENT)

[] APPROVED _____ [] DISAPPROVED _____

FROM:

DATE:

SUBJECT: Request for Overtime Payment/Overtime Compensatory Leave

Permission is requested to have the following included (non-exempt) employees work overtime on the dates indicated.

NAME	
OVERTIME PERIOD	
ESTIMATED HOURS*	
DESCRIPTION OF WORK TO BE PERFORMED	
TOTAL OVERTIME PAY	
TOTAL OVERTIME COMPENSATORY LEAVE	

REQUESTING OFFICIAL

VICE PRESIDENT'S SIGNATURE

INSTRUCTIONS TO REQUESTING OFFICIAL:

Please indicate the employee(s) payment of overtime or overtime compensatory leave (1 ½ times their regular rate of pay).

OVERTIME - is defined as the hours of work, excluding holidays and leave with pay, in excess of 40 hours during the established workweek. Time spent on annual, sick, or compensatory leave is not "work required to be performed" and is not counted in determining if overtime has been worked during a workweek. The time on leave with pay status shall count as time worked but not for determining overtime.

PAYMENT - payment for all time worked is normally included in the employee's regular salary warrant except that overtime payment as defined above is made by separate warrant.

*If estimated hours have exceeded excessively, you shall be required to resubmit your overtime request before any additional hours are processed.