

Division of Human Resources
65 Court Street
Brooklyn, New York 11201

VERIFICATION OF OVERTIME PERFORMED FOR ALL NON-MANAGERIAL ADMINISTRATIVE EMPLOYEES

TO BE COMPLETED BY EMPLOYEE

OFFICE: _____

BUREAU/UNIT: _____

EMPLOYEE: _____ SOCIAL SECURITY #: _____

DAILY TIME SCHEDULE: _____ LUNCH: _____

THIS REQUEST IS FOR (check one): COMPENSATORY TIME: _____ PAYMENT: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

O.T. CERTIFICATION:

I hereby certify that the overtime reported herein had prior approval (copy of approval attached).

SIGNATURE OF UNIT HEAD: _____ DATE: _____

MONTH:

YEAR:

WEEK ENDING (SAT.) IN WHICH COMPTIME / OVERTIME WAS WORKED	A.M.	P.M.	5 OR LESS	OVER 5	TOTAL

TOTAL: _____

TIMEKEEPER'S VERIFICATION: _____

DATE: _____

REQUEST FOR AUTHORIZATION OF OVERTIME FOR ADMINISTRATIVE EMPLOYEES

INSTRUCTIONS:

Use this form to request **prior approval** of overtime work for all non-managerial administrative employees. For each employee, one form is required for each month in which overtime will be worked. Section "A" is to be completed and signed by the employee who is being assigned overtime. Sections "B" and "C" are to be completed by the immediate supervisor. Section "D" is to be submitted by the supervisor to the Executive Director (or Deputy Chancellor) of the unit who will authorize overtime. Managers are not eligible for overtime.

PAYMENT OF OVERTIME:

Employee is to submit the original approved copy of this form along with monthly timesheet to the timekeeper who will enter the overtime for payment or accrual of compensatory time. Please note that the salary cap to earn "cash" overtime is \$59,000. Staff whose salary is above \$59,000 may only earn compensatory time unless approved by a Deputy Chancellor. Scheduled hours exceeding 40 hours per week are computed at time and a half. All projected cash overtime must be budgeted in advance of approvals.

SECTION A

TO BE COMPLETED BY THE EMPLOYEE

Office: _____
 Bureau/Unit: _____
 Employee: _____ S.S.#: ____ / ____ / ____ Title: _____
 Daily Time Schedule: _____ Lunch: _____
 This request is for (check one): Compensatory Time: _____ Payment: _____
 Employee's Signature: _____ Date: _____

SECTION B

APPROVED OVERTIME SCHEDULE

MONTH: _____

Weeks in which overtime will be worked, e.g. 12/7-12/13	OVERTIME SCHEDULE (e.g., 5:00-7:00)							Overtime		Hours
	SUN	MON	TUES	WEDS	THURS	FRI	SAT	5 or Less	Over 5	TOTAL
TOTAL HOURS:										

Reason for Overtime: _____

SECTION C

APPROVAL OF SUPERVISOR

Unit Supervisor: _____ Date: _____

SECTION D

APPROVAL OF EXECUTIVE DIRECTOR OR DEPUTY CHANCELLOR

Approved: Disapproved:

Remarks: _____

Signature: _____ Date: _____

Accessibility Report

Filename: Overtime Approval Form_ADA.pdf

Report created by: [Enter personal and organization information through the Preferences > Identity dialog.]

Organization:

Summary

The checker found no problems in this document.

- Needs manual check: 2
- Passed manually: 0
- Failed manually: 0
- Skipped: 1
- Passed: 29
- Failed: 0