**Salisbury University**

**Overtime & Compensatory Time Authorization Form**

**For Regular Payroll Pay Period Ending \_\_\_\_\_\_\_\_\_\_**

Employees must have management approval prior to performing overtime (OT).

**PART ONE**

**Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates/Times OT performed:**

**Week 1**

Wed: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Thu: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Fri: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Sat: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Sun: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Mon: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Tue: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

**Week 2**

Wed: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Thu: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Fri: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Sat: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Sun: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Mon: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

Tue: Date \_\_\_\_\_\_\_ From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

**Reason(s) for OT (Specify the date if OT reasons differ by date):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(Form Continues on the Back)**

**Salisbury University**

**Overtime & Compensatory Time Authorization Form**

**For Regular Payroll Pay Period Ending \_\_\_\_\_\_\_\_\_\_**

**Employee is requesting to be compensated for OT with:** \_\_\_\_\_ Pay \_\_\_\_\_ Compensatory Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

NOTE: Employees must have management approval prior to performing overtime (OT). Compensatory time shall be approved for use and used no later than two pay periods following the pay period in which the compensatory time was earned. Compensatory time not used within this period will be converted into overtime pay.

**\_\_\_\_\_\_ I authorize OT payment for the above recorded OT.**

**\_\_\_\_\_\_ I authorize compensatory time for the above recorded OT.**

**Approved compensatory time to be taken no later than PPE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature & Date Department Manager’s Signature & Date

Processed for PPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual OT/Comp Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Timekeeper’s Initials & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC: Employee

 Payroll (Original)

 File

**PART TWO**

**Unused Compensatory Time** (after completion of this section forward to Payroll for further processing)

**Total Unused Compensatory Time to be Processed as Regular Hrs:** \_\_\_\_\_\_\_\_ **Hours**

**PPE Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Initials & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Timekeeper’s Initials & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**----------------------------------------------------------------------------------------------------**

**(For Payroll Use Only)**

**Processed for PPE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **# of** **Regular Hours Processed:** \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Officer’s Signature Date

CC: File