

OVERTIME APPROVAL FORM

For the purpose of Classified Employees only, non-exempt employees should not work more than 40 hours in any work week without the prior approval of their immediate supervisor. The supervisor will keep the completed approval form in his/her file and then submit it with employee's monthly time card to the Payroll Department. Supervisors should <u>NOT</u> approve staff members to work overtime without it being deemed as necessary.

*Please refer to your CSEA Bargaining Agreement, Article 8; Section 8.5 through Section 8.5.7 regarding Hours of Employment and Overtime Compensation.

Name of Employee:	e: Employee I.D. Number:	
Department:		
Estimate of overtime requested and da	te(s):	
Tasks to be completed:		
Reason tasks cannot be completed dur	ing regular working hour	s:
Requested method of compensation:		_
Employee's Signature	Date	
Supervisor's Approval:	Approval	Not Approved
Supervisor's Signature	Date	