

Pharmacology and Toxicology Overtime Authorization & Payment Request

Employee Name: _____
(please print) (request date)

Overtime Authorization to Begin: _____
(MM/DD/YYYY)

Overtime Authorization to End: _____
(MM/DD/YYYY)

Compensation Agreement: Comp Time Earned Overtime Pay
Account: _____

Reason for overtime/description of work to be completed:	
EMPLOYEE ACCEPTANCE:	
	_____ (Signature) _____ (Date)
SUPERVISOR AUTHORIZATION:	
	_____ (Signature) _____ (Date)

--Submit completed top section of form with signatures to Phm/Tox Office, B440 Life Science--
 --Authorization must be submitted before overtime work begins--

RECORD OF OVERTIME WORKED:

Date	Overtime Start Time	Overtime End Time	Straight Hours	x	1.5	Overtime Hours	Comp Time	Addl Pay
				=			<input type="checkbox"/>	<input type="checkbox"/>
				=			<input type="checkbox"/>	<input type="checkbox"/>
				=			<input type="checkbox"/>	<input type="checkbox"/>
				=			<input type="checkbox"/>	<input type="checkbox"/>
				=			<input type="checkbox"/>	<input type="checkbox"/>
				=			<input type="checkbox"/>	<input type="checkbox"/>
				=			<input type="checkbox"/>	<input type="checkbox"/>
				=			<input type="checkbox"/>	<input type="checkbox"/>
				=			<input type="checkbox"/>	<input type="checkbox"/>
				=			<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE CERTIFICATION:	
	_____ (Signature) _____ (Date)
SUPERVISOR APPROVAL OF HRS:	
	_____ (Signature) _____ (Date)

--Submit completed bottom section of form with signatures to Phm/Tox Office, B440 Life Science--
 --Incomplete forms will delay processing of Comp Time credit or Additional Pay--