

APPROVAL FOR OVERTIME (To Be Submitted on a Monthly Basis)

ACADEMIC EMPLOYEES

SCHOOL/CAMPUS _____ FOR THE MONTH OF _____ YR. _____

EMPLOYEE'S NAME _____

Actual Overtime Worked

Week Beginning (Monday date)	Total Overtime Hours Claimed
TOTAL:	Hrs.

COMMENTS: _____

Note: Hourly rate is .1% of annual regular salary (including coordinator allowance)

Employee's Signature

Date

Overtime Verified (Senior Support Staff, responsible for SWF administration)

Date

Chair's Signature

Date

SEE ROUTING INFORMATION ON REVERSE OF FORM. PLEASE NOTE THAT THIS FORM MUST BE RECEIVED BY THE CLERK RESPONSIBLE FOR PAYROLL SUBMISSION PRIOR TO THE MONTHLY PAYROLL DEADLINE DATE IN ORDER FOR PAYMENT TO BE MADE DURING THAT MONTH.

ELIGIBILITY FOR OVERTIME

1. If a faculty member does not teach on a scheduled teaching day for any reason whatsoever (includes any absences - planned or unplanned including statutory holidays), no payment will be made in that week unless specific arrangements are made with the Chair to have special make-up classes.
2. If, however, a day of absence falls on a day the faculty member is not required to teach, payment will be made since it is assumed that preparation, delivery and evaluation were accomplished within that week but not necessarily on the day of absence.

ROUTING OF FORM

1. The employee is to complete the overtime form and obtain necessary approvals on a monthly basis.
2. The amount to be paid is to be entered on the next monthly payroll authorization. This form is to be attached to the payroll authorization.