The Adjutant General's Department

State Employee's Request for Authorization of Overtime

Name: (Print)

1. This form is to be completed by the employee and supervisor with the understanding that overtime is to be kept to a minimum.
2. Authorization for **overtime (OT)** , whether it is for compensatory time or pay, **must be approved in advance**.
3. *Unless otherwise justified and approved, all overtime will be in the form of compensatory time (comp time.)*
4. Overtime applies to non-exempt staff only.
5. Overtime is defined as time **actually worked** in **excess of 40 hours** during the workweek.
6. Work weeks begin on Sunday at midnight and run through Saturday.
7. This completed form must be submitted with the respective timesheet.

	Date	***Estimate*** **# OT Hours**	**Purpose & Reason why time cannot be rearranged during the work week.**	***Preliminary*** **Supervisor's Initial/Date**	***	***Actual*** **time start OT**	***Actual*** **time end OT**	**Total OT hours**	**Final Supervisor's Initial/Date**
1.					***				
2.					***				
3.					***				
4.					***				

If pay is requested the following must be completed and signed.

Justification for pay as opposed to compensatory time:	
Is this consistent with department/unit policy &/or practice?	If not, please explain the departure from policy/practice.
Supervisor Approval/Date:	Fiscal Approval/Date:

OSHR Eff : 03/00