

**VINCENNES UNIVERSITY
OVERTIME AUTHORIZATION FORM**

The top portion of this form should be completed and submitted to the Human Resources Office **PRIOR** to the performance of any anticipated overtime work. After obtaining appropriate approval, this form will be returned to the immediate supervisor. After the overtime has been worked or in cases of "emergency" overtime which has been worked without prior approval, the lower portion of this form should be completed and submitted to the Human Resources Office.

REQUEST FOR OVERTIME AUTHORIZATION

Employee: _____ Date: _____

BANNER ID Number: _____ Department: _____

Method of Payment: Please check one

* Exchange Time _____ Compensatory Time _____ Cash _____

****I hereby agree to work the overtime set up in return for the method of payment selected above.***

Employee signature _____

Account Number to which cash payment should be charged: _____

Date(s) of anticipated overtime worked: _____

Estimated number of overtime hours needed: _____

Purpose of Overtime: (Please explain why this overtime work is necessary)

Authorization:

Supervisor Director of Human Resources VP for Financial Services

RECORD OF OVERTIME WORKED:

	WED	THUR	FRI	SAT	SUN	MON	TUES	TOTAL
Dates								
Hours								
Dates								
Hours								

If prior approval was not obtained, explain the "emergency" nature of overtime situation.

I certify the above hours to be correct. _____
Supervisor signature