

CLASSIFIED EXTRA TIME/OVERTIME AUTHORIZATION AND TIME REPORT

IMPORTANT: This form must be filled out and approved **prior to** working the extra time/overtime hours.

Employee: _____

Job Title: _____ Dept. _____ MS#: _____

REQUIRED PAY ID #

Reason for EXTRATIME () OVERTIME () _____

OVERTIME TO BE COMPENSATED BY: () *Comp Time* () *Payment*

We, the undersigned, authorize all of the following extra time/overtime to be worked by the above named employee:

DATE(S) _____	NOT TO EXCEED _____	HOURS _____
DATE(S) _____	NOT TO EXCEED _____	HOURS _____

Supervisor's Signature: _____ Date: _____

Dean's Signature (when applicable): _____ Date: _____

Vice President's Signature: _____ Date: _____

IMPORTANT - After the Extra Time/Overtime Hours are Approved: The employee **must enter the hours into Workday.**

- COSTING ALLOCATION (Funding source):** When entering hours in Workday for payment, please include the following costing allocation information on the *ENTER Time* screen:

Designation: _____
Grant: _____
50% Law Compliance: *Non-Instructional* *Instructional*
Program: _____
Project: _____
Cost Center: _____
Fund: _____

NOTE: As of 7/1/2020 this form is **no longer submitted to Payroll.** Instead, once it is signed by the Vice President, the Vice President's office **emails an electronic version of the approved form to the:**

- Employee
- Employee's Supervisor
- Supervisor's Assistant (if applicable)