



# New Jersey City University Authorization for Employee Use of Overtime

**INSTRUCTIONS:** To request employee overtime, the employee's immediate supervisor should complete this form and submit for approval to the appropriate director.

**EMPLOYEE INFORMATION**

Today's Date: _____	
Employee Name: _____	Position Title: _____
Employee Id#: _____	Department: _____

**REASON FOR OVERTIME**

Special Event  
  Weather-related  
  Maintenance  
  Deadlines  
  Emergency  
  Other, Non-Emergency/Office Administrative/Clerical/Technology

Reason for Overtime – Please Describe: \_\_\_\_\_

Department to be Charged: \_\_\_\_\_

Department Heads Signature Accepting Charges: \_\_\_\_\_

**OVERTIME DAYS, TIME AND HOURS**

Date			Time		# of Hours
Month	Day ( # )	Year	From:	To:	
SAMPLE - JANUARY	01	2007	4pm	6pm	2
				GRAND TOTAL	

*I certify that the work was performed satisfactorily and that the hours reported on this form are correct to the best of my knowledge. Overtime is not compensable until after one hour has been worked continuously over the normal schedule. The time is recorded in units of ½ hours thereafter.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL**

**Comp**  
  **Cash**  
  **Snow**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

Account Detail to be completed by Business Office

Department Name	Percentage	Account Number					Fund	Department				
		5	0	8	1	0						

Approved by Budget Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_