OVERTIME AUTHORIZATION

Liberty-Eylau ISD

NOTES:

1. Time worked in excess of regular work hours (37.5 or 40 hours per week) must be authorized in advance by means of this form.
2. An approved copy of this document must be retained by the supervisor for each employee to validate overtime compensation.

Name: _____ **Date:** _____

Position: _____ **Campus:** _____

Hours Requested (estimated hours needed)

Week Ending _____ **Maximum Hours Needed** _____

Hours Actually Worked (complete after hours are worked)

Actual Hours Worked _____ **Time Verified** _____

Supervisor's Approval

As payment for overtime, I agree to receive the following:

_____ Compensatory time off at the rate of time and one half (1.5)

_____ Compensatory time off at the rate of straight time

_____ Overtime compensation at the rate of time and one half (1.5)

The rate of time and one half is only applicable to hours worked beyond 40 hours per week.

Project or Description of Work Requiring Overtime:

_____

_____

Reason work cannot be completed during regularly scheduled hours:

_____

_____

_____ _____

Signature of Employee **Date**

_____ _____

Signature of Supervisor **Date**

_____ _____

Signature of Director of HR **Date**