

UNIVERSITY OF GEORGIA LIBRARIES

Overtime Request and Authorization

INSTRUCTIONS:

1. Employees may not work overtime hours without prior approval of their supervisor, department head, and the Director of Administrative Services. Only those positions designated as non-exempt are eligible for overtime compensation in pay or time off.
2. If pre-approval is not possible, such as in *emergency situations*, the overtime hours worked must be approved by the supervisor and department head, after the fact.
3. Overtime that is unauthorized may result in disciplinary action.
4. To request the use of overtime, the supervisor should complete this form showing the date(s) the overtime is to be worked and the anticipated maximum hours needed. The method of compensation is to be indicated and the employee must sign the form as agreement to the compensation method prior to working the overtime. After the overtime request has been approved by the required parties, the original of this form should be retained by the supervisor until the overtime is actually worked.
5. After the overtime is worked, the supervisor completes the overtime actually worked section of this form and certifies the number of hours by signing the verification section. Supervisor sends the original of the completed form to the Libraries Human Resources Manager.

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| Requested by (Supervisor): | Date of Request: |
| Department: | Account Number: |
| Employee working requesting overtime: | UGA ID No.: |
| Reason for Request: | |
| Method of Compensation (Mark appropriate method): | |
| Flextime: ____ Compensatory Time: ____ Cash Overtime Payment: ____ | |
| OVERTIME REQUESTED: | |
| Date(s) _____ | Est. # of Hours: _____ |
| APPROVALS FOR REQUESTED OVERTIME: | |
| Employee Signature _____ | Date: _____ |
| Approved by: _____ <small>Immediate Supervisor</small> | Date: _____ |
| Approved by: _____ <small>Department Head</small> | Date: _____ |
| Approved by: _____ <small>Director of Administrative Services</small> | Date: _____ |
| OVERTIME ACTUALLY WORKED: | |
| Date(s): _____ | # of Hours: _____ |
| Verified by: _____ <small>Libraries Payroll Representative</small> | Date: _____ |
| ***SUBMIT ORIGINAL FORM TO THE LIBRARIES HUMAN RESOURCES MANAGER*** | |
| _____ | |