

Overtime/Lieu Hours Report and Authorization Form

EMPLOYEE NAME

BANNER ID

FACULTY/DEPARTMENT

All overtime for Administrative/Technical Staff must be authorized and approved in advance, in accordance with the Policies for Non-Academic Staff and guidelines set out by each Faculty or Department.

SECTION 1: Overtime Worked

MONTH: _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours																															

Reason for Overtime: _____

Total Overtime Hours Worked: _____

x 1.5hours =

Total Lieu Hours Earned: _____

EMPLOYEE SIGNATURE

DATE

SECTION 2: Lieu Hours Taken

MONTH: _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours																															

Total Lieu Hours Taken for the Month: _____

EMPLOYEE SIGNATURE

DATE

Section 3: Supervisor's Approval

I approve the above overtime hours worked and authorize the following:

Paid time off in lieu of overtime worked.

Overtime pay

Send copies of signed form to: Payroll Department and Human Resources Department

Comments: _____

SUPERVISOR'S NAME

SUPERVISOR'S SIGNATURE

DATE