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No one may be paid for overtime unless this form has been completed in advance of the overtime work. Overtime is paid only when forty hours have been worked within one normal work week.

MPLOYEE NAME	JOB TITLE	EMPLOYEE ID	DATE FORM COMPLETED
AMEDIATE SUPERVISOR	DEPARTMENT		HOURLY RATE OF PAY
ATE OF OVERTIME WORK		TIME OF OVERTIME WORK	
START DATE	END DATE	START TIME	END TIME
ANTICIPATED NUMBER OF OVERTIME HOURS			
	ion of the work that require	s more than 40 hours/week to	o complete.
<u> </u>	· · ·		
PPROVAL UPERVISOR SIGNATURE	DATE OF APPROVAL	HR REP SIGNATURE	DATE OF APPROVA
-		-	
NSTRUCTIONS			

No overtime will be paid unless this form has been completed prior to overtime. In the event of an emergency the form must be completed within the week of the overtime worked.

It is the responsibility of the employee to submit a signed timesheet for specific overtime work before payroll will be completed.

The form will be returned to immediate supervisor.

DISCLAIMER

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