

RADFORD UNIVERSITY
PAID OVERTIME AUTHORIZATION
SALARIED EMPLOYEES

DATE INITIATED: _____ DEPARTMENT: _____

SPECIFY WORKWEEK:

WorkWeek/Saturday _____, 20 _____ thru Friday _____, 20 _____

28 day cycle (Police Only) _____, 20 _____ thru _____, 20 _____

LIST EMPLOYEES WORKING OVERTIME. WRITE EC AFTER EMERGENCY CALL-INS:

1. NAME _____ SS# _____

ELIGIBILITY: _____ time and one-half _____ straight time

Job Class _____

OT Hrs Worked	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
					Total Hours Worked				_____

Hours leave taken during workweek _____ Holiday hours taken _____

2. NAME _____ SS# _____

ELIGIBILITY: _____ time and one-half _____ straight time

Job Class _____

OT Hrs Worked	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
					Total Hours Worked				_____

Hours leave taken during workweek _____ Holiday hours taken _____

3. NAME _____ SS# _____

ELIGIBILITY: _____ time and one-half _____ straight time

Job Class _____

OT Hrs Worked	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
					Total Hours Worked				_____

Hours leave taken during workweek _____ Holiday hours taken _____

4. NAME _____ SS# _____

ELIGIBILITY: _____ time and one-half _____ straight time

Job Class _____

OT Hrs Worked	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
	_____	Date	_____	# Hours	_____	Date	_____	# Hours	_____
					Total Hours Worked				_____

Hours leave taken during workweek _____ Holiday hours taken _____

COMMENTS: Please identify employees who have had a pay rate change since overtime was worked

APPROVAL SIGNATURES:

SUPERVISOR _____ Date _____
(Print)

(Signature)

SPONSORED PROGRAMS _____ Date _____

HUMAN RESOURCES _____ Date _____

COPY THIS PAGE IF ENTRIES EXCEED SEVEN. SIGN EACH ADDITIONAL PAGE.

5. NAME _____ SS# _____
ELIGIBILITY: _____ time and one-half _____ straight time
Job Class _____
OT Hrs Worked _____ Date _____ # Hours _____ Date _____ # Hours
_____ Date _____ # Hours _____ Date _____ # Hours
_____ Date _____ # Hours _____ Date _____ # Hours
_____ Date _____ # Hours Total Hours Worked _____
Hours leave taken during workweek _____ Holiday hours taken _____

6. NAME _____ SS# _____
ELIGIBILITY: _____ time and one-half _____ straight time
Job Class _____
OT Hrs Worked _____ Date _____ # Hours _____ Date _____ # Hours
_____ Date _____ # Hours _____ Date _____ # Hours
_____ Date _____ # Hours _____ Date _____ # Hours
_____ Date _____ # Hours Total Hours Worked _____
Hours leave taken during workweek _____ Holiday hours taken _____

7. NAME _____ SS# _____
ELIGIBILITY: _____ time and one-half _____ straight time
Job Class _____
OT Hrs Worked _____ Date _____ # Hours _____ Date _____ # Hours
_____ Date _____ # Hours _____ Date _____ # Hours
_____ Date _____ # Hours _____ Date _____ # Hours
_____ Date _____ # Hours Total Hours Worked _____
Hours leave taken during workweek _____ Holiday hours taken _____

COMMENTS: Please identify employees who have had a pay rate change since overtime was worked

APPROVAL SIGNATURES:
SUPERVISOR _____ Date _____
(Print)

(Signature)

SPONSORED PROGRAMS _____ Date _____

HUMAN RESOURCES _____ Date _____