

OVERTIME AUTHORIZATION FORM



HUMAN RESOURCES: PAYROLL

NO PAYMENT WILL BE MADE FROM THIS FORM

PLEASE ENTER OVERTIME HOURS INTO TIME TRACKER OR USE PAYROLL PAYMENT REQUEST FORM

EMPLOYEE NAME: _____ EMPLOYEE ID# _____

Select one: Staff Student

NO PAYMENT WILL BE MADE FROM THIS FORM

Reason for overtime: _____

DEPARTMENTAL ACCOUNT TO BE CHARGED FOR OVERTIME

GL Fund: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

OVERTIME HOURS DETAIL

Week Ending mm/dd/yy	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Total

Week Ending mm/dd/yy	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Total

Prepared by (Print): _____ Date _____

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____

VP Signature: _____ Date _____
(anything over \$250)

Send via campus mail to Human Resources Attn: Payroll or email to payroll@mvnu.edu

FOR PAYROLL USE ONLY		
PAY PERIOD DATES	_____ TO _____	Hourly Rate _____
Total OT Hours Worked	_____ OT Hours @REG Rate _____	OT Hours @OT Rate _____
DATE JV ENTERED	_____ BY _____	