



**Overtime/Compensatory Time Authorization Agreement**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Supervisor (print) Employee (print)

to work \_\_\_\_\_ hours of overtime on \_\_\_\_\_.  
Date

Nonexempt employees must be paid for all hours worked in excess of 40 hours during the workweek, which begins at 11:01pm on Thursdays and ends at 11:00 pm the following Thursday. Employees may be given compensatory time in lieu of overtime payment.

I understand that I have been offered the opportunity to work overtime and that if I accept the overtime assignment, I will accumulate compensatory time at the rate of one and one-half hours for each overtime hour worked. I also understand that accumulated compensatory time must be used or paid in accordance with University policy and applicable law.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Form to be filed in Human Resources Personnel File



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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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