SOUTH CAROLINA STATE UNIVERSITY
FINANCIAL AFFAIRS & MANAGEMENT INFORMATION SYSTEMS

OVERTIME REQUEST FORM

NOTE: Employees will not be paid for work prior to submission and approval of this form.

REQUESTING DEPARTMENT:_____ **ACCOUNT TO BE CHARGED:**_____

EMPLOYEE NAME: _____ **SSN:** _____-____-_____ **HOURLY RATE: $**_____

FLSA EXEMPTION STATUS: ☐ Non-Exempt ☐ Exempt

JUSTIFICATION:

_____

Describe the circumstances that require the need for overtime as well as the nature of work to be performed.

DATES AND TIMES of Overtime to be performed:

From – To	Hours	From – To	Hours	From – To	Hours

To be completed by the Supervisor

Total compensation as calculated below: **$** _____

For Salaried Employees

Option A $_____ **/ 1950** = $ _____ x _____ **x 1.5** = $_____
Salary | Hourly Rate | Overtime Hours | Total Overtime Compensation

Option B $_____ **/ 2080** = $ _____ x _____ **x 1.5** = $_____
Salary | Hourly Rate | Overtime Hours | Total Overtime Compensation

Hourly Employees $ _____ x _____ **x 1.5** = $ _____
Hourly Rate | Overtime Hours | Total Overtime Compensation

Employee Signature: _____ _____
Date

Requestor Signature: _____ _____
Supervisor | Date

APPROVAL: _____ _____
Director | Date

_____ _____
Budget Analyst | Date

_____ _____
Sr. Vice/Asst. Vice President for Finance | Date

_____ _____
Human Resources Rep. | Date

Form OTR(10/12/10)kdp