



## OVERTIME PRE-APPROVAL AND COMPLETION FORM

Employee: \_\_\_\_\_ 900 #: \_\_\_\_\_

### SECTION 1: PRE-APPROVAL OF OVERTIME

☐ *Comp-time requested?*

#### Important Instructions:

- All overtime must be pre-authorized PRIOR to overtime worked.
- All overtime must have the appropriate FOAP in which overtime is to be charged.
- All completed OT forms must be submitted either in hard copy or cc'd via email to Payroll by the timesheet deadline.
- Late or incomplete OT forms may cause delays in processing and payment for overtime.

➤ Reason for Overtime: \_\_\_\_\_

➤ Approximate Hours Needed: \_\_\_\_\_

|   |  |                 |                             |
|---|--|-----------------|-----------------------------|
| _____   |  | Date: _____     | To be completed by District |
| #1: Authorizing Administrator / VP Signature      |  | _____           |                             |
| _____   |  | Date: _____     |                             |
| #2: Fiscal & Financial Services Director/Designee |  | _____           |                             |
| #3: Funding Source: _____                         |  | Comments: _____ |                             |

### SECTION 2: VERIFICATION OF OVERTIME COMPLETED

| Date        | Start Time | End time | Reason | FOAP Required<br>(To be Completed by F&FS) |
|-------------|------------|----------|--------|--|
|             |            |          |        |  |
|             |            |          |        |  |
|             |            |          |        |  |
|             |            |          |        |  |
|             |            |          |        |  |
| Total Hours |            |          |        |  |

|                                   |             |                             |  |
|-----------------------------------|-------------|-----------------------------|--|
| _____                             |             | To be completed by District |  |
| #4: Supervisor Approval: _____    | Date: _____ |                             |  |
| #5: CBO Approver Signature: _____ | Date: _____ |                             |  |