



**UNIVERSITY OF HOUSTON-VICTORIA
AUTHORIZATION FOR OVERTIME (NON-EXEMPT STAFF)**

NAME: _____

DIVISION: _____

***Note:** All overtime must be requested by the employee and approved by the supervisor in advance of working any overtime hours. The supervisor's signature below grants approval to work overtime.*

To be completed by the employee:

In accordance with the [Overtime/Compensatory Time Policy \(C-25\)](#), permission to work overtime is requested as follows:

Number of Hours _____ Start date: _____ Ending date: _____

Start time: _____ Ending time: _____

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Start time: _____ Ending time: _____

Number of Hours _____ Start date: _____ Ending date: _____

Start time: _____ Ending time: _____

Reason for Overtime _____

To be completed by supervisor:

In accordance with the Fair Labor Standards Act, the above overtime hours worked will be compensated by:

_____ Compensatory time off at straight time

_____ Compensatory time off at one and one-half time

_____ Payment as extra hours at the regular rate of pay

_____ Payment at one and one-half times the regular rate of pay

Approved: _____

Supervisor's Signature

Date

Attach completed/signed original authorization to the employee's timesheet and forward to Human Resources Department at the end of the pay period.