



**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.