

Massachusetts College of Liberal Arts Overtime/Compensatory Approval Form

Name: _____ ID#: _____

Department: _____

Reason for Overtime/Compensatory: _____

	Date of Overtime	Date of Compensatory	Start Time	End Time	# of Regular Hours worked this date	# of Overtime/Compensatory hours worked this date	Department where time was worked
Sun							
Mon							
Tue							
Wed							
Thurs							
Fri							
Sat							

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

Compensatory Approval Yes No Initial _____

Payroll Use Only-Overtime Payment	
Straight Rate \$ _____	x Hours Worked _____ = \$ _____
Overtime Rate \$ _____	x Hours Worked _____ = \$ _____
Total Overtime Payment \$ _____	