



Bowie State University

Office of Human Resources

Request for overtime/compensatory time
(Non-exempt Only)

Date: _____

All requests must be approved in advance.

For pay period: Begin date _____ End date _____

Employee Name: _____ Employee ID #: _____

Department: _____ User Dept. Budget Code: _____ -1630

Date	Time	Num. Hrs. Requested	Purpose	Overtime Rate	Cost
Total					

Approvals

Signatures

Dates

Department Supervisor _____

User Dept. Budget Officer _____

User Area Vice President _____

Instructions:

Authorization to work overtime or to earn compensatory **time must be approved prior to performance of the duties**. The only exception to this would be overtime worked on an emergency basis. Emergency overtime **must be justified by the Supervisor**.

After this form is approved or rejected, return it to the departmental Supervisor.

If this form is for overtime, it must also include the cost of the overtime and be approved by the departmental Budget Officer. The form must be attached to the Payroll Department's copy of the timesheet for the applicable pay period.

If this form is for compensatory time, it must be attached to the Human Resources Department's copy of the timesheet for the applicable pay period.

Please contact the Office of Human Resources at 860-3450 if there are any questions.

BF/P-39

10/05