CARIBBEAN NAZARENE COLLEGE EMPLOYEE OVERTIME REQUEST FORM

Instructions: Please submit this form to your supervisor for approval prior to working overtime.

EMPLOYEE INFORMATION						
Date Requested: Employee Name: E-Mail Address: Staff Member: Employee Number: FT Temp Employee Number: Phone/Extension:	PT [
ADVANCE APPROVAL OF OVERTIME ASSIGNMENT						
Number of hours: To be worked on: date(s) time(s) date(s) time(s) date(s) time(s) date(s) time(s) Compensatory Time Off						
Reason for overtime:						
Overtime authorized by: Supervisor's Signature						
For OFFICIAL USE ONLY						
Overtime approved: Yes No If No, please state alternative working arrangements:						
Human Resource Date Submitted	i					
President Date Approved						

CARIBBEAN NAZARENE COLLEGE STAFF OVERTIME PAYMENT FORM

Instructions: Please attach an approved copy of the overtime requestion form before forwarding this form to the Accounts Department.

EMPLOYEE INFORMATION						
Date Requested: Employee Name:			Employee			
E-Mail Address:			_ Phone/Extension: _			
REPORT OF ACTUAL OVERTIME WORKED:						
REPORT OF ACTUAL OVERTIME WORKED:						
Date of Work	Start Time	End time	Total amount of hours worked	Total amount of overtime hours worked		
Employee's signature Departm		Department app	approval signature			
Human Resource		/				
ACCOUNTS DEPARTMENT						
Monthly Salary						
Hourly Rate						
Overtime Pay (1.5)	@	==		i		
Overtime Pay (2)	@	=				
Adjusted Salary	=					