REQUEST FOR PAYMENT OF OVERTIME



MPLO	OYEE NAME	(Last, First Mido	lle)	UIN
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SIIC.	TIONS			
NOC	HONO			
<u>I</u>	Ensure all ho	urs are entered	in to Time Traq. HR	will remove the applicable hours being paid to the employee on this form.
who h	nas a combinati	on of hours work additional hours	ed, paid leave, compensa . Per <mark>System Policy 31.01</mark>	or pay for working more than 40 hours in a workweek. In addition, a nonexempt employee story time and paid holidays totaling more than 40 hours in a workweek must receive either 1.09, compensatory time is awarded instead of paying for overtime except where granting all or an employee has accrued 240 hours of compensatory time.
BE CC	MPLETED BY	DEPARTMENT		
A. Why is it impractical to compensate overting				vertime worked with compensatory time off?
	This employee has reached the threshold of 240 hours of compensatory time and no additional compensatory time is allowed to be entered in to TimeTraq. (A copy of the employee's time sheet must be attached.)			
Other. (Please explain below.)				
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3.	Dates C	vertime Wo	rked:	То
Ţ.	Number of Overtime Hours Worked:			
).	Account	t Number:		Source of Payment:
		-		
ROVA	\L		Check Account Bala	ance Before Submitting. Email Form to Human.Resources@tamucc.edu.
	Department	t Approver		Date
AYR	OLL PROCESS	SING		
ST-CO	OMP Hours	Rate of Pay	Amount Due	
EL C.	COMP	Date of Day	Amount Due	
rlsa-	-COMP Hours	Rate of Pay	Amount Due	TOTAL PAYMENT DUE:
*Rate	of Pay must ii	nclude longevity o	or hazardous duty pay and	nd/or BRP.
		0.66		(2)
Tum a	an Resources	Office	Date	Budget Office Date
				PAY DATE:
				IAI DAIE,