

**OVERTIME AUTHORIZATION AND ACCRUAL RECORD  
FOR CLASSIFIED CIVIL SERVICE EMPLOYEES**

All overtime to be worked by classified employees at Youngstown State University must be requested by the head departmental administrator or his/her designee and approved by his/her principal administrative officer, or his/her designee, before the overtime is actually worked. The only exceptions will be in emergency situations (i.e., snow removal, power failure, coverage of positions by personnel who must be licensed, etc.) where it may be permissible to complete this form after the fact. In all non-emergency cases, overtime must not be worked unless the department involved has funds available to pay the overtime worked or if a transfer from a principal administrative officer to pay the overtime has already been approved and processed. Once the employee has selected the type of compensation he/she desires, this form must immediately be forwarded to Human Resources Office. Overtime hours to be paid must be recorded on the employee's time card in the Overtime Pay box. Overtime hours for which compensatory time is requested are to be recorded on the employee's time card in the Comp Time Earned box. NOTE: This form is required when an employee works on a holiday as a part of his/her weekly forty-hour schedule.

I request authorization to have \_\_\_\_\_

Name

\_\_\_\_\_, \_\_\_\_\_

Classification

Department

work overtime in the pay period beginning \_\_\_\_\_ and ending \_\_\_\_\_

for no greater than \_\_\_\_\_ hours for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Principal Administrative Officer

\_\_\_\_\_  
Date

Actual hours of overtime worked:

DATE	ACTUAL OVERTIME HOURS WORKED*	CHECK HERE IF OVERTIME WAS NON-CONSECUTIVE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**□ TOTAL**

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\*Record either 3.34 or the actual hours worked (whichever is greater)

**TO BE COMPLETED BY EMPLOYEE:**

Pay for 1.5 times the total overtime hours worked. (Actual overtime hours worked to be recorded in Overtime Pay box on employee's time card.)\*

Compensatory time off at 1.5 times the total hours shown. (Actual overtime hours worked are to be recorded on employee's time card in Comp Time Earned box.)\*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date