

CENTRAL TEXAS COLLEGE
OVERTIME AUTHORIZATION FORM

Employee Name

SSN

Specify day(s) _____

As payment for the overtime, I agree to receive the following:

- Compensatory time off at the time-and-one-half (1.5) rate
- Cash overtime compensation at the time-and-one-half (1.5) rate

****PLEASE NOTE: Overtime is paid after an employee has physically worked over 40 hours****

*Estimated number of hours overtime required: _____

*Purpose for overtime: _____

Department requiring overtime: (if applicable) _____

Signature of Employee

Date

Signature of Supervisor

Date

Signature of Dean or Administrative Officer

Date

Signature of Executive Officer (if applicable)

Date