



AUTHORIZATION TO MODIFY EMPLOYEE WORK SCHEDULE FOR SALARIED NON-EXEMPT EMPLOYEES

This form is to be utilized to document modifications in work schedules and/or Overtime earned. Completion of this form is required for prior approval of the accrual of all overtime for salaried non-exempt employees for hours worked over 40 in a work week. The workweek begins each Sunday morning at 12:01 a.m. and ends on the following Saturday at 12:00 a.m. Overtime pay will be paid at one and one-half hours for each hour worked over 40. Actual hours worked should be recorded on the bi-weekly leave report. For questions regarding overtime provisions please contact your supervisor or the Office of Human Resources at Ext. 1508. This form is for departmental use only. Please do not forward to Human Resources.

Employee Name: _____ Banner ID: _____

Position Title: _____ Department: _____

Pay Period Begin Date: _____ Pay Period End Date: _____

Number of Additional hours to be worked: _____ Date of Additional Work: _____

Overtime Earned: Yes No Number of Overtime hours: _____

Employee schedule adjustment: Date(s): _____ Time(s): _____

Employee acknowledges adjustments to the workweek: Yes No Employee Initials: _____

Schedule Adjustment or Overtime is necessary for the following reason(s):

Department Head Approval:

Approved Disapproved

Signature: _____ Date: _____

Administrative Officer Approval: (Optional)

Approved Disapproved

Signature: _____ Date: _____