

SOUTHERN UTAH UNIVERSITY
DEPARTMENT RECORD OF OVERTIME EARNED, COMPENSATORY
TIME USED AND/OR PAYMENT FOR OVERTIME

Employee: _____
 Job Title: _____

Department _____
 Fiscal Year _____

Section 1 - OVERTIME ACCRUAL				Section 2-COMPENSATORY TIME USAGE			Section 3-OVERTIME PAYMENT	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
SUPERVISOR INITIALS authorizing overtime	DATE OVERTIME HOURS WORKED	OVERTIME WORKED (ABOVE 40 HOURS/WEEK)	COMP HOURS EARNED (C) x 1.5	EMPLOYEE INITIALS certifying usage	DATE COMP HOURS USED	NUMBER OF COMP HOURS USED AS TIME OFF	DATE TIMECARD SUBMITTED FOR PAYMENT	NUMBER OF COMP HOURS PAID
TOTAL				TOTAL			TOTAL	

NOTE: 1. This form must be retained in your files for five years.
 2. This form is for your internal use to track overtime. Submit a copy of this form to Human Resources Office Monthly.

3. Time Recap Sheet must be submitted monthly to authorize overtime payments.
4. Supervisor's initials in column (A) certify permission to work overtime.
5. Employee's initials in column (E) certify use of accrued overtime as compensatory time.
6. Overtime payments must be approved in advance of payment by President/Provost/Vice President.
7. [Policy 8.5.1 "Overtime \(Non-Exempt Personnel\)"](#).