



# Bowie State University

## Office of Human Resources

**Request for overtime/compensatory time**  
(Non-exempt Only)

Date: \_\_\_\_\_

All requests must be approved in advance.

For pay period: Begin date \_\_\_\_\_ End date \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ User Dept. Budget Code: \_\_\_\_ - \_\_\_\_\_ -1630

Date	Time	Num. Hrs. Requested	Purpose	Overtime Rate	Cost
<b>Total</b>					

Approvals	Signatures	Dates
Department Supervisor _____	_____	_____
User Dept. Budget Officer _____	_____	_____
User Area Vice President _____	_____	_____

**Instructions:**

Authorization to work overtime or to earn compensatory **time must be approved prior to performance of the duties.** The only exception to this would be overtime worked on an emergency basis. Emergency overtime **must be justified by the Supervisor.**

After this form is approved or rejected, return it to the departmental Supervisor.

If this form is for overtime, it must also include the cost of the overtime and be approved by the departmental Budget Officer. The form must be attached to the Payroll Department's copy of the timesheet for the applicable pay period.

If this form is for compensatory time, it must be attached to the Human Resources Department's copy of the timesheet for the applicable pay period.

Please contact the Office of Human Resources at 860-3450 if there are any questions.