Massachusetts College of Liberal Arts
Overtime/Compensatory Approval Form

Name: ____________________________ ID#: _________________________

Department: ___________________________________________________________________________

Reason for Overtime/Compensatory:  _____________________________________________________

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Overtime</td>
<td>Date of Compensatory</td>
<td>Start Time</td>
<td>End Time</td>
<td># of Regular Hours worked this date</td>
<td># of Overtime/Compensatory hours worked this date</td>
<td>Department where time was worked</td>
</tr>
</tbody>
</table>

Employee’s Signature: ____________________________ Date: ____________

Supervisor’s Signature: ____________________________ Date: ____________

Department Head’s Signature: ____________________________ Date: ____________

Compensatory Approval _______Yes _______No    Initial_____________

Payroll Use Only

Overtime Payment

Straight Rate $_________ x Hours Worked _____ = $ ________

Overtime Rate $________ x Hours Worked _____ = $ ________

Total Overtime Payment $ ________

Original to Human Resources; Make copy for your records

3/16