

Alabama Agricultural and Mechanical University Office of Human Resources

P. O. Box 305 Normal, AL 35762 Phone: 256.372.5835 Fax: 256.372.5881

Request for Overtime Compensation for Non-Exempt Staff Personnel

Date:	A-Number:						Name:				
Department:			Position Title:			Standard Work Period:			84 Hour	rs	
Start Date	End Date:				<u>Mandatory Attachment:</u>			☐ Employee's timesheet for time period			
<u>Date</u>	<u>Hourly</u> Wage Rate	Num. of Overtime Hours	Multiplier x 1.5	<u>Overtime</u> Wage Total	<u>Fund</u>	<u>Org.</u>	<u>Account</u>	<u>Program</u>	Amount \$	<u>Budget Manager</u>	
			x 1.5								
			x 1.5							[3] Budget ManagerSignature/Date	
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			x 1.5							[3] Budget Manager Signature/Date	
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			x 1.5					<u> </u>			
			x 1.5		[1] Employee Signature/Date				[2] Supervisor Signature/Date		
			x 1.5								
			x 1.5					_			
		x 1.5			[4] Human Resources Signature/Date				[5] Budget & Planning Signature/Date		
TOTALS								_			
					[6] Chief Fi	nancial Officer	Signature/Date				

Employer and employee agree to the performance of work as described and scheduled for payment thereof, if approved, as indicated.

This Alabama A&M University form is not an employment agreement. Alabama A&M employees are at-will unless designated otherwise in writing. This form should only be used in situations where a non-exempt employee works additional duties which are related to their current role(s) in excess of their Standard Work Period. Alabama A&M University is constrained from authorizing the information outlined in this form until all required signatures designated as [1] - [6] are affixed hereto.