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 Straight Time Compensation for Non-Exempt Staff Personnel** Date: A-Number: Name: Department: Position Title: Standard Work Period: 40 Hours 84 Hours Start Date End Date: Mandatory Attachment:

Employee's timesheet for time period Num. of **Hourly Overtime Overtime** Multiplier Wage Total Date Wage Rate **Hours** Fund Org. Account **Program** Amount \$ **Budget Manager** x 1 x 1 [3] Budget Manager x 1 Signature/Date x 1 [3] Budget Manager x 1 Signature/Date x 1 [3] Budget Manager x 1 Signature/Date x 1 x 1 x 1 [1] Employee Signature/Date [2] Supervisor Signature/Date x 1 x 1 x 1 [4] Human Resources Signature/Date [5] Budget & Planning Signature/Date TOTALS

[6] Chief Financial 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. 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.