

CITY OF CORAL GABLES
HUMAN RESOURCES

Employee # _____

EMPLOYEE'S REQUEST FOR PAID OVERTIME FOR PAY PERIOD ENDING _____

EMPLOYEE'S NAME _____

CLASSIFICATION TITLE _____

DEPARTMENT/DIVISION _____

DATE OF REQUEST _____

LIST EACH SEPARATE PERIOD OF OVERTIME WORKED IN THE PAY PERIOD; USE SECOND SHEET, IF NECESSARY.

PLEASE CHECK:

Date	From		To		# of Hrs.	Work Performed	PLEASE CHECK:		
	Hour		Hour				(1) Straight Time	(2) Time & One-half	(3) Special Rate
	AM	PM	AM	PM					\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$

Total Overtime Requested (#Hrs.) _____

Employee's Signature _____

APPROVED BY:

Supervisor _____

Department Head _____

City Manager _____

Budget Account to be charged, if

Other than regular payroll account: (1) _____ (2) _____ (3) _____

INSTRUCTIONS: A separate form must be used for each PAY PERIOD. Any employee working on a job basis (indicated by an asterisk in the pay plan) who is requesting time and one-half must prepare this form in duplicate and send the original to the City Manager for approval. Do not enter overtime on the attendance report until such approval has been received, then forward approved form to Personnel with the payroll to which it relates. If requesting overtime to be paid by another department, prepare form in triplicate; obtain the signature of the authorizing department head, and the original to Personnel with one copy for the departmental head and one for the department whose budget account is to be charged.

Posted to Payroll: _____

Payroll Verified by Personnel Division _____

Dept. Records Clerk _____