

San Francisco State University
AUTHORIZATION FOR EXTRA HOURS
 Payroll Form 500

Pay Period _____ Work Week Group _____

exempt
 non-exempt

CHECK ALL THAT APPLY:

- PREMIUM COMP TIME (1.5)
- STRAIGHT COMP TIME (1.0)
- PREMIUM OVERTIME (1.5) CASH PAYMENT
- STRAIGHT OVERTIME (1.0) CASH PAYMENT

OVERTIME PAYMENT TO BE CHARGED TO:

ACCOUNT _____ FUND _____ DEPT ID _____ PROJECT # _____

AGENCY _____ UNIT _____ SERIAL _____

NAME OF EMPLOYEE _____ POSITION # _____
agency, reporting unit, class & serial

UIN

PEOPLESOFT POSITION # _____

YOU ARE HEREBY AUTHORIZED TO WORK OVERTIME IF REQUIRED, AS INDICATED BELOW:

PRE-AUTHORIZATION				TOTAL EXTRA HOURS ACTUALLY WORKED			
DATE	TIME OF DAY		# OF HOURS	PREMIUM COMPENSATORY TIME HOURS	STRAIGHT COMPENSATORY TIME HOURS	PREMIUM OVERTIME HOURS	STRAIGHT OVERTIME HOURS
	FROM	TO					
Reason for Overtime:				total	total	total	total
Authorized by: _____				Department Head		Date _____	

CERTIFICATION OF OVERTIME WORKED

Overtime has been worked as indicated above: _____
Employee Signature

Approved: _____
Supervisor's Signature