



MIAMI DADE COLLEGE
OVERTIME /COMPENSATORY TIME
APPROVAL FORM

This form MUST be submitted within 1 business day following the end of the week in which overtime hours were worked without prior approval.

FT SUPPORT NON-EXEMPT

EMPLOYEE NAME:

DATE:

CAMPUS/DISTRICT AREA

Department:

Hosting Department:
(special events only)

Date of Assignment:

Pay Rate:

Hours Approved:

AM

PM

To:

AM

PM

Total Hours:

Overtime

Compensatory Time***

Regular Time *

** Compensatory Time options are NOT available to FT Non-exempt employees in Shift-eligible positions.

Employee Signature:

Date:

Approval Signature:

Date:

Name/Title:

Print name and title

Detailed Hours:

Date

Total Hours

Justification:

Table with 3 columns: Date, Total Hours, Justification. Multiple rows for data entry, ending with a Total row.

NOTE: Approval for Overtime and/or Compensatory Time is required in advance of hours worked pursuant to College Procedure 2651 - Pay For Non-Exempt Employees. This form is for exceptions when Overtime hours are required without prior notification or time to obtain pre-approval as required.