

Non-Exempt Special Payroll Employee Authorization Request to Work Beyond Regularly Scheduled Hours

Employee Name: _____ Employee Number: _____

Department: _____ Title: _____

Manager Name and Title: _____

Date	Reason(s)	# of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional sheets may be attached if more space is needed. Blanket forms will not be approved.

Employee's Signature

Date

Manager's Approval/Denial:

- DENIED
- APPROVED
- APPROVED, AS AMENDED BELOW:

Date	Reason(s)	# of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Manager's Certification:

I certify that I have reviewed the information above and any attached documents.

I certify that if this authorization form is approved, the approval is for work hours required beyond the employee's regularly scheduled workweek.

I certify that if this authorization form is approved, I agree that the employee will receive the straight hourly rate up to 40 hours, and hours worked over 40 will be compensated at the rate of time and one half.

I certify that if this authorization form is being completed after the employee already has worked hours beyond their regularly scheduled workweek because of an emergency or urgent situation, a written record of the event with an explanation of why prior approval was not given has been made.

Manager's Signature

Date

Managers must retain a copy of this completed form for not less than one (1) year for audit purposes.

Questions may be referred to Labor Relations at laborrelations@uconn.edu.