

SUNY POTSDAM ( ) OVERTIME AUTHORIZATION ( ) EXTRA-TIME AUTHORIZATION

PRINT ALL ENTRIES IN INK

DATE(S) WORKED	DAY OF THE WEEK	ACTUAL TIME IN	ACTUAL TIME OUT	TOTAL ACTUAL HOURS OF OVERTIME	IS THIS A REGULAR WORK DAY? YES/NO	WAS THIS A CALL IN? YES/NO

**\*\*WORK WEEK DATES:** \_\_\_\_\_

DATE(S) UNSCHEDULED SICK LEAVE	DAY OF WEEK	TOTAL HOURS UNSCHEDULED SICK LEAVE

**I AFFIRM THERE (circle one) WAS OR WAS NOT UNSCHEDULED SICK LEAVE USED IN THIS WORK WEEK.**

**SUPERVISOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*A WORK WEEK IS DEFINED AS THURSDAY THROUGH WEDNESDAY.

PRINT NAME OF EMPLOYEE	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	LINE NUMBER
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EMPLOYEES REGULAR SHIFT \_\_\_\_\_

DETAILS OF WORKED PERFORMED \_\_\_\_\_

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPROVED BY: SUPERVISOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*AUTHORITY TO SOLICIT THE SOCIAL SECURITY NUMBER HAS BEEN ESTABLISHED UNDER SECTION 355 OF THE EDUCATION LAW OF THE STATE OF NEW YORK.

**THIS SECTION TO BE COMPLETED BY DEPARTMENT HEAD AND FORWARDED TO HUMAN RESOURCES**

OVERTIME ACCT #	MEALS ACCT. #

OVERTIME MEAL ALLOWANCES  
 NUMBER: \_\_\_\_\_ PASS DAYS: \_\_\_\_\_ BEFORE SHIFT: \_\_\_\_\_ AFTER SHIFT: \_\_\_\_\_

**DEPARTMENT HEAD SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HUMAN RESOURCES USE:**  
 Overtime Rate \_\_\_\_\_ Total Overtime Payment \$ \_\_\_\_\_ for \_\_\_\_\_ Forms  
 Processed for Payroll Number \_\_\_\_\_ Paycheck Date \_\_\_\_\_ Comment \_\_\_\_\_