

CITY OF LITTLE ROCK OVERTIME PRE-APPROVAL FORM

Per the City of Little Rock, Administrative Personnel Policy and Procedure Manual, **Section II, 8 b. pg. II-8.1** indicates, all non-exempt employees are required to receive approval prior to working hours in excess of forty (40) hours in a work week. The work week begins at 12:00 A.M. on Saturday and ends at 11:59 P.M. on Friday.

This form is to be completed prior to working overtime when possible. In some instances, overtime may be unforeseen due to the nature of the work, where prior approval cannot be obtained, in these cases this form should be completed as soon as possible. In cases of mandated overtime, this form should be completed for documentation purposes.

Employee Name:	Employee Number:		
Job Title:			
Date(s) to work requested overtime:	Time(s)	AM/PM to	AM/PM
Date(s) to work requested overtime:	Time(s)	AM/PM to	AM/PM
Date(s) to work requested overtime:	Time(s)	AM/PM to	AM/PM
Number of Hours Requested:			
Reason for requested/mandated overtime:			
Type of compensation agreed upon to satisfy this ov	vertime requirement	t:	
Overtime Pay Compensatory Time			
All non-exempt employees are required to maintain should record their actual starting time (not sched total hours worked for each day. Time records should be actually to the contract of the	uled time), time out	for lunch, time in from lu	
Employees are not permitted to begin work before scheduled quitting time (this includes taking work he their supervisor.			
City of Little Rock policy requires employees to take safety positions.	a lunch break of not	less than thirty (30) minute	es except certain public
Filling out another employee's time records or falsify action up to and including termination of employments		is prohibited and may be §	grounds for disciplinary
Non-exempt employees should NOT access the City workplace unless they have received pre-approval (twork-related calls after hours).			
Employee Signature		Date	
APPROVAL STATUS			
Approved Denied Denied			
Supervisor/Manager/Department Director Authorizing Overtime Please complete and return this form to your supervisor.	 _e visor after the overti	Date me hours have been work	ed.
Tasks/Projects completed during overtime hours: Y	es No N	lote:	
Actual overtime hours worked with dates:			
Employee's initials:	Supervisor's initials:		