

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 workweek. 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 overtime r	requirement:	Overtime Pay	Compensatory Time
All non-exempt employees are required to maintain individual record their actual starting time (not scheduled time), time out each day. Time records should be verified and signed by the support of the	for lunch, time in fi		
Employees are not permitted to begin work before the schedu time (this includes taking work home and working through lunc			
City of Little Rock policy requires employees to take a lunch positions.	break of not less th	han thirty (30) minutes	except certain public safety
Filling out another employee's time records or falsifying any including termination of employment.	ytime record is pro	phibited and may be gr	ounds for action up to and
Non-exempt employees should NOT access the City's equipm unless they have received pre-approval (this includes checking after hours).			
APPROVAL STATUS: Approved	☐ Denied		
Employee Signature Requesting Overtime		Date	
Supervisor/Manager Authorizing Overtime		Date	
Department Director Authorizing Overtime		Date	
Please complete and return this form to your supervisor after	the overtime hours	have been worked.	
Tasks/Projects completed during overtime hours: Yes \(\Boxed{\square}\)	No Note		
Actual overtime hours worked with dates:			
Employee's initials: Supervisor's initials:			