

LDH OVERTIME REQUEST FORM
Policy No. 45

EMPLOYEE INFORMATION: (Please Print)

Office/Facility: _____ Pers Area: _____ CC#: _____
 Name: _____ Personnel #: _____
 Job Title: _____ Job Code: _____ Position #: _____
 Pay Level: _____ Exempt Non-exempt
 Date: _____ From: _____ am pm To: _____ am pm # of Hours: _____
 Work will be performed at: Office; Other location (please specify): _____
 Type of Compensation: Compensatory leave; Cash payment;
 Disaster-Related

JUSTIFICATION: (Why overtime is necessary; what duties will be performed; why work can not be performed during normal working hours; why work will be performed outside the office.)

_____ Employee's Signature	_____ Date	_____ Supervisor's Signature	_____ Date
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<input type="checkbox"/> Approved _____	<input type="checkbox"/> Disapproved _____	Appointing Authority (or designee)	Title	Date
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EXCEPTION/SPECIAL PAY PROVISION:

Request for an exception to the LDH Overtime Policy.
 Request for a special overtime pay provision provided for in the Civil Service rules: CS Rule # _____
 Exception/Special pay provision being requested: _____

JUSTIFICATION: (Why an exception or special pay provision is being requested.)

Requested by: _____
 Appointing Authority (or designee) _____ Date _____

<input type="checkbox"/> Approved _____	<input type="checkbox"/> Disapproved _____	Assistant Secretary/MVA Director (and)	Date
<input type="checkbox"/> Approved _____	<input type="checkbox"/> Disapproved _____	LDH Secretary or Undersecretary or Deputy Secty	Date

NOTE:

If Civil Service approval is required and granted, attach a copy of the approval notification letter to this request.

If overtime is being requested for more than one employee for the same purpose, you may list the employees on a sheet of paper and attach it to this request form. You must include the name, personnel number, job class, GS/MS level, and exemption status of each employee.