

QUESTAR III

OVERTIME CLAIM FORM

Name of employee: _____

Employee ID #: _____

Location: _____

Position: _____

INSTRUCTIONS: Indicate below any OVERTIME hours worked during the pay period, sign and date, and submit to your supervisor for processing.

DAY	DATE	BEGAN WORK	STOPPED WORK	HOURS	TIME MINUTES
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
Total:					

TO BE COMPLETED BY THE EMPLOYEE:

I certify that I have worked the overtime hours stated above, with the prior permission of my designated supervisor.

Date Signature of employee

TO BE COMPLETED BY THE DESIGNATED SUPERVISOR:

I certify that the above named employee had my permission to work the overtime hours as stated above.

Date Signature of designated supervisor

Reason for overtime: _____

Charge overtime hours to the following payroll code: _____

NOTE: SUBMIT TO THE QUESTAR III PAYROLL DEPARTMENT WITHIN TWO (2) DAYS AFTER THE END OF THE PAY PERIOD, IN ACCORDANCE WITH THE PAY SCHEDULE DATES ESTABLISHED BY THE ORGANIZATION.