

THE NAVAJO NATION

OVERTIME REQUEST AND AUTHORIZATION

03/21/2022 80 HR OT

OVERTIME
 HOLIDAY PAY
 COMPENSATORY TIME

1. NAME: _____ 2. AB NUMBER: _____

3. DEPT NAME: _____ 4. DEPT NUMBER: _____

5. PAY PERIOD ENDING: _____ 6. EMPLOYMENT STATUS Exempt Non-Exempt

7. REQUEST AND APPROVAL SIGNATURES

_____ Date
 _____ Supervisor
 _____ Date

8. **REGULAR TOUR OF DUTY:** Enter dates, regular work schedule, lunch break, the number of hours scheduled to work each day and regular days off. DO NOT include overtime information in this section.

DAY	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI
DATE														
Schedule From -To														
Lunch														
From -To														
Total Hours														

9. **ACTUAL WORK PERFORMED:** Enter Dates. Enter actual work hours. Enter type of leave in "lunch box" if applicable, Holidays -HOLIDAY, Annual leave -ANN LV, Sick Leave -SICK LV, Compensatory -COMP

DAY	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI
DATE														
Schedule From -To														
Lunch														
From -To														
Total Hours														

10. **TOTAL HOURS ACTUALLY WORKED IN THE WORK WEEK ABOVE IN SECTION NO. 9**

11. **COMPENSATION** Account Number: _____ Object Codes: 2520 2530 2620 -Holiday

Method of Compensation Cash Payment Straight Time 1.0 _____ hrs. Time & Half 1.5 _____ hrs. Double Pay _____ hrs.

Indicate# of hours Compensatory Time 1.0 _____ hrs. 1.5 _____ hrs.

	DATE:	OT HRS	DETAILED JUSTIFICATION or DESCRIPTION OF WORK PERFORMED:
1.			
2.			

12. **CERTIFICATION** – We certify that the above worked hours indicated and is entitled to compensation. We also certify sufficient funds are available.

_____ Timekeeper
 _____ Date
 _____ Department Approver
 _____ Date

FOR PAYROLL USE	FOR CONTRACT/GENERAL ACCOUNTING USE
Previous CT Balance _____	Funds Available <input type="checkbox"/> YES <input type="checkbox"/> NO
Total Hrs Worked _____ X 1.0 = _____	Signature _____
Total Hrs Worked _____ X 1.5 = _____	Title _____
New CT Balance _____ Date _____	Date _____

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CONTINUATION DETAILED JUSTIFICATION OR DESCRIPTION OF WORK PERFORMED

1. NAME:

2. AB NUMBER:

3. DEPT NAME:

4. DEPT NUMBER:

5. PAY PERIOD ENDING:

	DATE:	OT HRS	DETAILED JUSTIFICATION or DESCRIPTION OF WORK PERFORMED:
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			