

## Memorandum

Date:

To: HR Compensation

From: Department/Unit \_\_\_\_\_

Re: Nonexempt Employee Overtime Assignment for: \_\_\_\_\_

The Department/Unit of \_\_\_\_\_ requests your approval for overtime pay for a regular, full-time nonexempt employee, \_\_\_\_\_ (ID \_\_\_\_\_), who will be assisting with \_\_\_\_\_ duties for the period of \_\_\_\_\_ through \_\_\_\_\_ due to \_\_\_\_\_

This work will be performed outside of the employee's normal work hours.

The rate of pay for this assignment will be at the regular hourly rate of \$\_\_\_\_\_ up to forty work hours per week. Any hours worked over forty will be at time and a half in accordance with [Human Resources Policy and Procedure Number 30.0](#). Cost center \_\_\_\_\_ will fund the overtime assignment.

Please contact \_\_\_\_\_ at \_\_\_\_\_ if additional information is needed.

Approval Signatures:

Approval from Regular Assignment Supervisor

Approval from Overtime Assignment Supervisor