

**MSU Student Health Services**  
Approval for Non-Routine Overtime Hours

**This form must be completed prior to the start of overtime period.**

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Date(s) overtime will be incurred \_\_\_\_\_

Estimated number of overtime hours \_\_\_\_\_

Reason for overtime \_\_\_\_\_

\_\_\_\_\_

**Employee will receive overtime as:**

**Overtime Pay**

**Compensatory Time**

Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completion of this form indicates that non-routine overtime has been pre-approved. Record actual hours worked on “Compensatory or Overtime Payroll Record” and attach this document prior to submission.**

This document will accompany “Compensatory or Overtime Payroll Record and will be retained in the Business Offices files for a period of three years as required by the Federal Fair Labor Standards Act.