Bi-WEEKLY OVERTIME RECORD FORM

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| --- | --- |
| NYSID#: N | Payroll Pay Period: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ THRU \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |
| EmployeeName |  | **Title** |  | **Regular Tour** |  | **Employee** |  |
| **Print** |  |  | **Signature** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Overtime Date** | **Home Unit** | **Overtime****Unit** | **Overtime From** | **Overtime To** | **OT Hours Worked** | **Reason\*** | **Approved by**  | **Verified by**  |
| **Date** | **Time** | **Date** | **Time** | **PRINT** | **SIGN** | **PRINT** | **SIGN** |
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| **TOTAL # OVERTIME WORKED:** |  | **COMP TIME:** |  | **PAID O/T****TOTAL HOURS** |  |
| **\*Reason for OVERTIME: 1 = High Acuity or Assignment Completion 2 = OT One-to-One Assignment 3 = OT No Lunch Break 4 = OT Staff Meeting 5 = OT Supplemental Staffing 6= OT Training 7 = OT Relief 8 = OT Misc. or Other** |

**NOTE: THE OVERTIME RECORD FORM MUST ACCOMPANY THE EMPLOYEE’S TIMESHEET DURING THE RESPECTIVE PAYROLL PERIOD**