Bi-WEEKLY OVERTIME RECORD FORM

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NYSID#: N | | | | | Payroll Pay Period: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ THRU \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | |
| Employee  Name |  | **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**