LAMAR INSTITUTE OF TECHNOLOGY REQUEST FOR OVERTIME AND LEAVE

Nan	iie	Employee ID #		Title	Department	
Application is	hereby mad	e for approval of le	eave for t	he following reasor	n(s) and period(s).	
				Date(s)	Total Hours	
Vacation						
Sick (1)	Self	Family				
Compensato (Circle One S			FLSA			
Overtime E		State FLS Back For Details)	SA			
		ergency (3) (circle lential Approval)	e one)			
Family Med	ical Leave (FMLA)				
Military / M	Iaternity					
Jury Duty (A	Attach Summoi	us)				
Leave Witho	out Pay (Atta	ch Justification)				
Report rappoints	ment. A revision attached for ab	ed day after return. S	f estimated	time was more or less	abmitted for approval prior to than expected. A doctors statement occurred	
z. The dead	-	elationship)	(Name	e)	(Date)	
3. Nature of	emergency	leave requested				
hereby certif	y that the ab	ove information is	true and	correct.		
Employee Signature Date			Department Head/Director Signature Date Approved Disapproved			
NOTE:	Absence/overtime request must be completed for <u>each</u> occurrence. Overtime must be approved in advance by Department Head/Director. Vacation must be submitted and approved in advance. A change in scheduled staff office hours must be approved by the President of LIT.					
COPIES:	Original to be retained in the Office of the LIT President for the current year plus 3 years. A copy will be retained in the Departmental Office.					

REVISED: LIT 03/03/08 DO NOT SEND THIS FORM TO HUMAN RESOURCES

RECORD OF OVERTIME EARNED

Submit a single form Front and Back. Two separate sheets will not be accepted

Date Example: Monday, February 24	Actual Time Worked Example: 5:00 - 6:30 p.m.	Reason for Overtime: Example: Graduation	
Employee Signature Date	Department H	Department Head/Director Signature	

FLSA Overtime/Compensatory Leave: (Classified Personnel Only)

The time an employee is required to work in excess of the standard forty (40) hours work week. Any paid leave or holidays taken during that week are not counted as hours worked in determining overtime hours. FLSA overtime is accrued at the rate of 1.5 hours for each hour worked over the 40 in one work week. The official workweek is from 12:01 a.m. Saturday until 12:00 midnight of the following Friday.

State Overtime/Compensatory Leave: (Administrators & Classified Personnel)

State compensatory time is defined as excess hours earned other than FLSA when an employee records more than 40 hours for work week through the combination of holidays, vacation time, sick leave, and hours worked. State compensatory time is accrued at the rate of 1 hour for each excess hour over 40 in one work week.

Example: Using a day of sick, vacation, holiday, or comp time during the work week.

```
M T W TH F
S W W W W
8 12 12 12 12 = 56 hrs.
- 40 hrs. sick
16 hours of overtime
- 8 hrs. ST (state time) due to sick leave
8 hrs. FLSA comp time earned
```