



KECK GRADUATE INSTITUTE

A Member of The Claremont Colleges

Overtime Approval Form

This form is to be used to approve all overtime. Your Supervisor and Cabinet-Level Supervisor must approve overtime **PRIOR** to the beginning of overtime work.

Name of Employee: _____

Division/Department: _____

Date of Overtime Work: _____

Number of Hours: _____

Project or Budget to be Charged: _____

Reason for Overtime: _____

Overtime Approval Policy:

- I. **Purpose:** The purpose of this policy is to be mindful of staffing costs by managing the expense of overtime pay for non-exempt employees.
- II. **Compliance:** KGI pays time and one-half to non-exempt employees who exceed 8 hours a day or 40 hours of work time in a workweek.
 - a. Paid leave, such as holiday, sick, or vacation pay, does not apply toward work time.
 - b. The workweek begins at 12:00am on Saturday morning and ends at 11:59pm on Friday night.
- III. **Overtime Approval:** Supervisors are required to obtain approval from cabinet-level supervisors prior to the use of overtime. Employees who anticipate the need for overtime to complete the week's work must notify the supervisor in advance and obtain approval prior to working hours that extend beyond their normal schedule.
- IV. **Overuse of Overtime:** Supervisors who authorize staff members to work overtime without prior approval from their cabinet-level supervisor, particularly after consecutive reminders, may be subject to disciplinary action.
- V. **Unauthorized Overtime:** Employees who fail to obtain prior approval prior to working hours that extend beyond their normal 8-hour day or 40-hour workweek, particularly after consecutive reminders, may be subject to disciplinary action.

Form Instructions: This form must be completed in its entirety. The Supervisor or Cabinet-Level Supervisor must complete it and send it to HR@kgi.edu before the end of the applicable pay period. Forms will be maintained in the employee's personnel file in Human Resources.

Supervisor Signature: _____

Cabinet-Level Supervisor Signature: _____

Date: _____