LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

HEO SERIES/CLT COMPENSATORY/OVERTIME AUTHORIZATION FORM

HEO Series/CLT Employee Name [_____]

Division: [_____]

Department: [_____]

Supervisor: [_____]

Fair Labor Standard Act (FLSA) : ☐ Non-Exempt ☐ Exempt

Notification: ☐ 48 Hour ☐ Emergency

Payroll Title: [_____]

Reason for Assigned Overtime Hours: [_____]

Duration of Assigned Overtime Hours: [_____]

Dates of Assigned Overtime Hours: [_____]

From: [_____]

To: [_____]

Comments: [_____]

Authorization Signature: [_____] [_____]
(Vice President)

c: Human Resources

Fiorello H. LaGuardia Community College
The City University of New York

31-10 Thomson Avenue, Long Island City, NY, 11101
Telephone (718) 482-5075

LaGuardia
Community College

REFERENCE:_____

NON-INSTRUCTIONAL STAFF TIME AND LEAVE REPORT FORM
FLSA OVERTIME REPORT
FORM

HUMAN RESOURCES

TO: _____

NAME: _____

DEPARTMENT: _____

DATE: _____

PAY PERIOD
FROM: _____ TO: _____

| DATE | IN | LUNCH | | OUT | SICK | ABSENCE | | COMMENTS | EMPLOYEE SIGNATURE |
		OUT	IN			COMP TIME	ANN-UAL		

PAY PERIOD FROM: _____ TO: _____

I certify that the above report is accurate and complete

_____
Department Head's Signature

INSTRUCTIONS: A completed report for each person is to be handed in to the Payroll Department on the Monday following each pay period. Employee must sign each line daily. Supervisor must verify weekly hours, date, and employee's signature. It must then be signed by the Department Head ONLY.