

GEORGETOWN UNIVERSITY HOURLY EMPLOYEE OVERRIDE FORM

DEPARTMENT faxes completed form to the Employee's Home Department in time to be included on the Time Sheet.

EMPLOYEE'S HOME DEPARTMENT records information on Override Section of the TIME AND ATTENDANCE SHEET retains a copy and attaches the original of this form to the timesheet.

I. EMPLOYEE INFORMATION							
Name (Last, First, MI):					SSN:		
II. EMPLOYEE'S HOME DEPARTMENT INFORMATION							
Home Dept. Name:					Home Dept. #		
Contact Person:					Phone:		
					Fax:		
III. INFORMATION ON WORK PERFORMED BY EMPLOYEE						Pay Week Ending:	
Employee Sign-In Section							
Day	Wed.	Thurs.	Fri.	Sat.	Sun.	Mon.	Tues.
IN							
OUT							
Initial							
Employee Signature/Date:							
Explanation for payment to employee:							
Cat.	OT	Hours	Rate/\$	Class	Cost Center	Func.	
IV. SIGNATURES							
If the employee has worked in excess of 40 hours during this pay week, I am aware that my department will be liable for overtime pay. (Refer to Human Resources Policy # 803.)							
I certify that I have first-hand knowledge of (or have suitable means of verifying) work performed by this individual and that the salary distribution prior to the effective date of this change is reasonable in relation to the work performed.							
Authorized Department's Signature/Date:							
Preparer's Name/Date:					Phone:		