

Prepared by the Disbursing Office  
This replaces Administrative Procedure No. A8.876  
dated July 1996

A8.876  
March 2006

---

A8.800 Disbursing/Accounts Payable and Payroll

---

p 1 of 5

A8.876 Overtime Authorization and Compensation

1. Purpose

To establish policies and procedures to control overtime costs and restrict such work to necessary and properly authorized situations.

2. Definition

Overtime is defined in the employee's applicable collective bargaining contract and, in the case of excluded employees, by statute.

3. Applicability

These policies and procedures apply to all University employees covered by collective bargaining contracts and to all excluded employees who may be entitled to overtime pay by statute.

4. Guidelines

a. In general, overtime work should be utilized only as a temporary measure and only where (1) essential work must be continued or completed, (2) it is not practical to secure the required services through other means, and (3) sufficient funds are available to pay the employee if compensatory time off in lieu of cash is not elected by the employee.

b. Overtime work must be authorized in writing in advance by the program head. Where the work is to be performed outside the department of regular assignment, the approval of the regular program head must also be obtained.

c. Before authorizing overtime work, the program head should review each overtime request to ensure that at the minimum, the following questions have been considered.

1) Is the work to be done essential? Consideration should be given to the possibility of deferring the work or adjusting deadlines or schedules.

2) Can the work be done with the help of others? Additional help can frequently be secured on a temporary basis by utilizing employees from other offices within the organization.

3) Can organizational or procedural improvements eliminate or reduce the amount of work to be done? A careful study of the organizational structure and existing procedures may reveal simple changes that can streamline or improve operation without adversely affecting the achievement of program goals.

4) Can additional help be hired to do the work? The possibility of hiring additional student help or temporary employees should be explored.

d. When overtime is necessary, it may be authorized under the following conditions:

1) The appropriate administrator ascertains that there are sufficient funds to cover the overtime.

2) Overtime is kept to a minimum and not for an extended period of time.

## 5. Procedures

a. The appropriate supervisor initiates the Request for Overtime Work, UH Form 10 (Attachment 1) and obtains the required approval and attaches it to the Individual Timesheet, State Accounting Form D-55 (Attachment 2).

b. The completed D-55 (original) should be submitted to the UH Payroll Office in accordance with existing payroll procedures. The completed UH Form 10 and a copy of the

D-55 should be retained in the employee's personnel folder.

- c. If emergency conditions preclude advance written authorization, such authorization should be secured verbally and confirmed in writing no later than the day after occurrence of the overtime work.

#### 6. Responsibilities

Fiscal Officers and Program Managers (Approving Authority) who approve overtime authorization and compensation are responsible for compliance with applicable Federal and State laws, rules, regulations, University policies and procedures and applicable provisions of the respective collective bargaining contract.

#### 7. Availability of Forms

The following PDF fillable form and excel form are available at:

<http://www.fmo.hawaii.edu/payroll>

- (1) Request for Overtime Work (UH Form 10)
- (2) State of Hawaii Individual Timesheet (SAF D-55)

**UNIVERSITY OF HAWAI‘I  
REQUEST FOR OVERTIME WORK**

TO: Dean or Director

Date: \_\_\_\_\_

FROM: \_\_\_\_\_

**I. Request for Overtime Work**

A. Purpose (include brief description of and justification for the proposed overtime work):

- B. 1) Period overtime to be worked \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 2) Number of employees \_\_\_\_\_  
 3) Number of overtime hours requested \_\_\_\_\_  
 4) Estimated cost of overtime to be paid \_\_\_\_\_  
 5) Estimated number of compensatory hours \_\_\_\_\_

C. List of employees (attach listing if needed)

<u>Employee Name</u>	<u>Position Title</u>	<u>O.T. Hours Requested</u>	<u>Est. Cost</u>	<u>Est. Comp. Hours</u>
<b><u>TOTAL</u></b>				

**II. Alternatives Considered**

Before authorizing such overtime work, I have considered other alternatives including but not limited to the following:

- 1) Deferring the work or adjusting deadlines or schedules.
- 2) Securing help from other offices within the organization.
- 3) Effecting organization changes and procedural improvements that may eliminate or reduce the work to be done.
- 4) Hiring additional student help or temporary civil service workers.

\_\_\_\_\_  
Authorized by

If overtime to be paid in cash:

Certified as to availability of funds:

Approved:

\_\_\_\_\_  
Administrative Services/Fiscal Officer

\_\_\_\_\_  
Dean or Director

# STATE OF HAWAII INDIVIDUAL TIMESHEET

DEPARTMENT <b>UNIVERSITY OF HAWAII</b>	SUB-DIVISION OR SCHOOL	PAYROLL NO.	BU CODE
SOCIAL SECURITY NO.	POSITION NO.	HOURLY RATE	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)

**SPECIAL INSTRUCTIONS:**

1. This time sheet must be completed in hours, except for stand by days.
2. Time for days meetings, drills, etc. must be reported on Organizational Time sheet, State Accounting Form D-56.

ENTER MONTH CODE  
IN APPLICABLE HALF

FIRST HALF	2ND HALF	TIME		HOURS							STAND BY DAYS	REMARKS
		STARTED	ENDED	REGULAR TIME	ORDINARY OVERTIME	HOLIDAY OVERTIME	SPLIT SHIFT		NIGHT DIFFER- ENTIAL			
							TOTAL TIME EXCLUDING MEAL TIME	ACTUAL TIME WORKED				
				B	O	P	E	D	N		S	
<b>TOTALS</b>												
INDICATE ACTUAL HOURS EMPLOYEE CHOOSES TO ELECT AS COMPENSATORY TIME IN LIEU OF CASH PAYMENT												
											COMBINED TOTAL TIME	
											TOTAL COMPENSATORY TIME	

40	41-43	44	45-47	48-51	52-55	56-58	59-62	63	64-69	CERTIFY THAT THE TIME CLAIMED ABOVE IS CORRECT. NO OTHER CLAIM HAS BEEN MADE OR WILL BE MADE FOR THE ABOVE PERIOD. IT IS MUTUALLY AGREED THAT THE EMPLOYEE WILL RECEIVE PAYMENT OR TIME OFF AS INDICATED ABOVE.  <b>04-26-06</b> DATE _____ SIGNATURE OF EMPLOYEE _____  DATE _____ SIGNATURE OF DEPARTMENT HEAD _____	
UNIFORM ACCOUNTING CODE											
F	YR	APPRN	D	Sub.Div.	OBJECT	Function	LOC	PROJECT	ENC		PERCENT