



MNE BLENDED OVERTIME ADDITIONAL PAY REQUEST FORM

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Primary Department Contact \_\_\_\_\_ Pay Month \_\_\_\_\_

Hours worked and leave hours reported below must total to amounts reported on attached timesheets and leave reports. Include hours worked for all weeks ended in the month.

Primary Position

Table with 7 columns: Week, Work Week (Sun-Sat), Hourly Rate, Hours Worked, Leave Hours, Total Hours Reported, Calculated Gross Pay. Rows 1-5.

Second Position

Table with 7 columns: Week, Work Week (Sun-Sat), Hourly Rate, Hours Worked, Leave Hours, Total Hours Reported, Calculated Gross Pay. Rows 1-5.

Additional Positions

The employee has additional positions for a total of \_\_\_\_\_ including the primary position. Additional forms are attached.

Funding

Select One:

- Charge the additional overtime proportionately to all positions based using a ratio of total hours reported.
Charge all additional overtime to:

Table with 7 columns: Position, Suffix, %, Fund, Org, Account, Location.

Charge additional overtime as follows (total must equal 100%):

Table with 7 columns: Position, Suffix, %, Fund, Org, Account, Location.

Approval

By signing below, I am certifying that I received verified with the employee's supervisors that the time reported above is correct, documented on attached timesheets and approved and confirming that the funding listed above is agreed upon by all Departments impacted by the charges.

Approver Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approver2 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYEE TIMESHEETS & LEAVE REPORTS MUST BE SIGNED BY THE SUPERVISOR AND ATTACHED TO THIS FORM

Email the completed form and attachments to payroll.services@okstate.edu