

MOUNT ALLISON UNIVERSITY

Overtime Record Form

Employee Name: _____ Department: _____

| Date | Reason for Overtime | Time Period Worked (i.e., 4:30 to 6:00) | Total Hours Worked (A) | Overtime Rate (i.e., 1.5, 2) (B) | Hours Banked (A) x (B) | Banked Hours Taken |
|---------------|---------------------|--|---------------------------|--|---------------------------|--------------------|
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| Totals | | | | | | |

Employee _____

Date _____

Manager _____

Date _____