**Overtime (OT) Assignment Request Form:**

**Date:**

**TO: Employee Name**

**FROM:**  **Director, Department Head, or Dean Name, Title**

**Department/College**

**SUBJECT: Overtime (OT) assignment for Employee Name**

For the duration of this assignment Employee Name will hold the following position with the School Name/Department at College Name:

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** | OT department - Instructor |  |  |
| **Start Date of OT Assignment:** | xx/xx/xxxx | **End Date of OT Assignment:** | xx/xx/xxxx (XX Weeks) |
| **Position Number:** | 4Mxxxx – OT |  |  |
| **Duties:** | Teaching Course Name - X credit course in XXXX semester |  |  |
| **Base hourly rate plus longevity (if applicable) associated with the OT job title:** | $XX.XXXX/hr |  |  |
| **Number of hours per week, not to exceed 8:** | X hours |  |  |
| **Total Amount to pay/semester (if applicable, this can be deleted):** | $XXXXX |  |  |

It is expected that the work will be performed as overtime, in addition to Employee Name’s Regular position title position with Regular position department. The two positions may carry two different rates of pay. All overtime pays at 1.5 times base rate. If 40 hours are worked in Regular position title position, all hours devoted to teaching for OT Department will be calculated as overtime hours. If overtime is attributable to both jobs in the same week, the base hourly rate is that of the job being worked at the time.

**Signatures**

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**Supervisor of Primary Job**

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**HR Business Partner**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director, Department Head, or Dean Name, Title**

**Department/College**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payroll Manager**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provost (if teaching)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Name**

If you have any questions about this assignment or process, please feel free to contact HRBP Name, OT Department HR Business Partner at HRBPemail@montana.edu or ext. xxxx.

cc: Employee Name

Personnel File

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Zorg