

**Support Overtime Entry Form**  
For entries greater than 3 pay periods past

Employee Name: _____				Employee Number: _____	
Position Number: _____				Cost Centre: _____	
Date	Time From	Time To	Hours	Rate	Reason
15 min = 0.25    30 min = 0.50    45 min = 0.75					
Total Hrs Overtime Straight Time		Total Hrs Overtime Time and a Half		Total Hrs Overtime Double Time	
				Total Hours Overtime	

Employee Signature		Date	
Manager Approval		Date	
Vice President Approval		Date	

- Instructions:**
1. Overtime submissions more than three pay periods past must be entered by Payroll.
  2. This completed form must be approved by the employee's Manager and area Vice President
  3. Email completed form to [payroll@algonquincollege.com](mailto:payroll@algonquincollege.com)