

**Alabama Agricultural and Mechanical University
Office of Human Resources**

P. O. Box 305
Phone: 256.372.5835

Normal, AL 35762
Fax: 256.372.5881

Request for Straight Time Compensation for Non-Exempt Staff Personnel

Date: _____ A-Number: _____ Name: _____
 Department: _____ Position Title: _____ Standard Work Period: 40 Hours 4 Hours
 Start Date: _____ End Date: _____

<u>Date</u>	<u>Hourly Wage Rate</u>	<u>Num. of Overtime Hours</u>	<u>Multiplier</u>	<u>Overtime Wage Total</u>	<u>Fund</u>	<u>Org.</u>	<u>Account</u>	<u>Program</u>	<u>Amount \$</u>	<u>Budget Manager</u>
_____	_____	_____		_____	_____	_____	_____	_____	_____	[3] Budget Manager Signature/Date
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	[3] Budget Manager Signature/Date
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	[3] Budget Manager Signature/Date
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	[3] Budget Manager Signature/Date
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	
_____	_____	_____	x 1	_____	_____	_____	_____	_____	_____	
TOTALS	<input type="text"/>	<input type="text"/>		<input type="text"/>	_____	_____	_____	_____	_____	[4] Human Resources Signature/Date
										[5] Budget & Planning Signature/Date
										[6] Chief Financial Officer Signature/Date

Employer and employee agree to the performance of work as described and scheduled for payment thereof, if approved, as indicated.

This Alabama A&M University form is not an employment agreement. Alabama A&M employees will not be less designated otherwise in writing. Alabama A&M University is constrained from authorizing the information outlined in this form until all required signatures designated as [1][6] are affixed hereto.