

TIME EXCEPTION REPORT

OST Overtime or Salary Reductions

Today's
Date

INSTRUCTIONS: This form is for reporting overtime worked or to request a salary reduction. A reduction in salary should occur when an employee has used more sick and/or vacation time than earned. Complete this form online and then print and obtain the required signatures. When all signatures are obtained, submit the completed form to HRM Customer Service Center in 250 Columbus Place. **Note: Required signatures must be obtained prior to any submission for compensation.**

EMPLOYEE INFORMATION

LAST Name

FIRST Name

NUID*

Regular Hours Worked in Week:

35

40

Other

* This is NOT your SSN#

EXCEPTION PAY INFORMATION

Enter the beginning and ending dates for week work was performed:

Department Name

Index #

SUNDAY

SATURDAY

Record hours worked each day in 2 decimal places and rounded to the nearest 1/4 hour: **Example: 3 1/2 Hours = 3.50**

OST OVERTIME REPORT

WEEK DAY	FROM (AM)	TO (PM)	OVERTIME HOURS
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
TOTAL OVERTIME FOR WEEK			
Blended Rate*			

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

TOTAL OVERTIME FOR WEEK

Blended Rate*

SALARY REDUCTION

UNPAID HOURS	TYPE (S/V)
TOTAL REDUCTION	

TOTAL REDUCTION

*HRM Compensation must be contacted when a blended OT rate is required. Please call x2230 for assistance.

COMMENTS or ADDITIONAL INFORMATION

By signing, I agree that the contents of this form is a true record of the time worked and complies with the stated Northeastern University policy regarding time and attendance.

Employee

Supervisor

Extension

FOR HRM CUSTOMER SERVICE CENTER USE:

Completed By

Date Completed

HRM Customer Service Center

250 Columbus Place
617-373-2230

12/20/2011