

**MRI Overtime Request Form / Comp Time Sheet
for Nonexempt Staff**

Comp time (=1-1/2 time) – hours worked in excess of 40-hour week

Requires weekly approval from the Managing Director

*All comp time should be used in the week it is earned.
Staff cannot carry comp time over from month to month.*

Name: _____ SSN: _____

Requesting Supervisor/Faculty: _____ Hourly rate: _____

Additional costs to be covered in connection with this request (please specify): _____

Weekly Approvals	Date mo/day/yr	# Hours Worked		Activity	Total Hours for		Fund No.	Project	Total Hrs/Wk
					pay	time			
(initials)									
PI									
PI									
RGC									
Week 1									
(initials)									
PI									
PI									
RGC									
Week 2									
(initials)									
PI									
PI									
RGC									
Week 3									
(initials)									
PI									
PI									
RGC									
Week 4									

Approvals: (1) _____ (PI)
 (2) _____ (PI)
 (3) Robert G. Cornwall/RGC (Director's Office)