

Requesting Technician Overtime Support through the Student Design Hub

As part of the Student Design Hub's budget there is an allotment for technician overtime support for student teams.

The intent of this budget is to ensure that manufacturing support is provided to student groups to ensure they can compete in their respective design competitions. However, a focus will be put on learning the processes so that students can become more independent in manufacturing. If the students have no intention of learning the processes then the budget may be awarded to other groups first.

A high level overview of the overtime for your project is as follows:

- 1) Request a meeting with the Engineer in Residence to discuss your project. Have a justification prepared as to why the support is needed. The requesting team must provide a time frame when the part is needed and when the materials will be available. The students will need to be present for the work, so time slots should be provided when they are available.
- 2) Following the discussion, the EIR will reach out to the faculty technician to confirm they're available to take overtime based on the timeline provided.
- 3) The students will prepare manufacturing drawings and meet with the technician during business hours. They will review the drawings together and discuss how they can be improved.
- 4) The students will revise the drawings per the technician's direction.
- 5) The students will be present for the support provided and will be encouraged to learn from the technician while the part is manufactured.
 - a. The students will be guided to complete the part themselves.
 - b. The technician will support the students through the manufacturing process.
 - c. The technician will complete the part if the hours allotted are running low, or the complexity is too high for the team's skillset.



RECORD OF OVERTIME

PLEASE USE THIS FORM TO REQUEST PRE-AUTHORIZATION FOR OVERTIME AND TO RECORD OVERTIME HOURS WORKED. FURTHER DIRECTIONS ON REVERSE.

SECTION 1: REQUEST FOR OVERTIME

DEPARTMENT _____ DEPARTMENT NUMBER _____

EMPLOYEE NAME _____ EMPLOYEE NUMBER _____

EMPLOYEE CLASSIFICATION _____

DATES REQUIRED _____ NUMBER OF HOURS _____

NATURE OF WORK INVOLVED AND REASON FOR OVERTIME: _____

OVERTIME FOR: TIME OFF IN LIEU

PAYMENT

ESTIMATED COST \$ _____

SOURCE OF FUNDS

F O A P A L

PREPARED BY _____ DATE _____

AUTHORIZED BY _____ DATE _____

SECTION 2: OVERTIME WORKED

USE 2400 CLOCK

WEEK ENDING _____

DAY	DATE (CCYY-MM-DD)	START TIME	END TIME	CODE	HOURS WORKED

Please attach time report for paid overtime

TOTAL ACTUAL HOURS WORKED

CERTIFIED CORRECT BY _____ DATE _____

APPROVED BY _____ DATE _____

SECTION 3: DEPARTMENT OF HUMAN RESOURCES USE ONLY

OVERTIME HOURS CHECKED IN ACCORDANCE WITH TERMS AND CONDITIONS

YES NO

INITIALS _____

PLEASE RETAIN A COPY FOR YOUR RECORDS