

REQUEST FOR OVERTIME AUTHORIZATION FORM

DEPARTMENT INFO

DEPARTMENT HEAD	DEPARTMENT	CONTACT NUMBER

OVERTIME REQUEST INFO

OVERTIME START DATE	OVERTIME END DATE	OVERTIME HOURS	ESTIMATED OVERTIME PAY

PURPOSE / REASON FOR OVERTIME: *Please provide detailed explanation*

Complete either EMPLOYEE SPECIFIC or DEPARTMENT SPECIFIC section per form request.

EMPLOYEE INFO

EMPLOYEE NAME	EMPLOYEE ID	JOB CODE	CONTACT NUMBER

DEPARTMENTAL REQUEST

DEPARTMENTAL OVERTIME REQUEST (multi-employee) JOB CODES List all Department Job Codes for requested Overtime			

ACCOUNT INFO

UNIT NUMBER	ACCOUNT NAME	ACCOUNT NUMBER

Submit completed request form to:

NAME	TITLE	DATE SUBMITTED
FORM COMPLETED BY		

APPROVAL

TITLE	NAME	SIGNATURE	DATE
Supervisor / Primary Investigator			
Director / Chair			
Assoc VP / Dean			
FINAL APPROVAL: Vice President or Des. Auth.			

ADDITIONAL COMMENTS / INSTRUCTIONS

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