

OVERTIME APPROVAL REQUEST FORM

EMPLOYEE'S NAME _____
(Last) (First)

EMPLOYEE'S ID# _____

EMPLOYEE'S TITLE _____

EMPLOYEE'S DEPARTMENT _____

NUMBER OF OVERTIME HOURS REQUESTED _____

DATE(S) OVERTIME WILL BE WORKED _____

ESTIMATED DOLLAR AMOUNT OVERTIME WILL COST _____

PURPOSE/JUSTIFICATION FOR THE OVERTIME REQUESTED:

SUPERVISOR'S SIGNATURE _____ DATE _____

SENIOR LEVEL SUPERVISOR'S SIGNATURE _____ DATE _____

(If Applicable)

ASSOC. VICE CHANCELLOR, DEAN, ASSOC. AD (OR EQUIVALENT LEVEL OR ABOVE)

_____ DATE _____

(SEND A COPY OF COMPLETED FORM TO HUMAN RESOURCES)