

OVERTIME AUTHORIZATION FORM



Note - This form is to be used for the authorization of all overtime worked by University personnel. Part A is to be completed for all overtime worked by University personnel. Part B is also to be completed in those cases where the overtime hours worked were NOT approved in advance (only in cases of emergency).

PART A - TO BE COMPLETED BY ALL

Date _____

Name of employee _____ J Number **J**-_____

Period for which approval is requested _____

Amount of overtime anticipated:

Number of hours _____

Estimated cost to University _____

Funding source (FOAPAL) Fund _____ Orgn _____ Acct _____ Prog _____

Provide a complete justification for overtime:

PART B - TO BE COMPLETED ONLY WHEN APPROVAL FOR OVERTIME IS BEING REQUESTED IN ARREARS:

Total actual number of overtime hours worked _____

Provide a complete explanation as to why authorization for overtime was not requested in advance:

Approvals:

Department Head _____ Date _____

Vice President or Division Head _____ Date _____

University Budget Office _____ Date _____

Payroll/Business Office _____ Date _____