

OVERTIME AUTHORIZATION-Full Time EXTRA HOURS AUTHORIZATION-Part Time

THIS FORM MUST BE COMPLETED BEFORE OVERTIME or EXTRA HOURS ARE WORKED

Complete form for all employees requiring overtime (FT) or extras hours (PT). This form authorizes the time that may be worked during the indicated period.

*Action Forms are no longer required to authorize overtime (FT) or extra hours (PT).

The form should be routed by the department supervisor to **Human Resources** for approval. The form will be returned to the supervisor who then needs to get the approval of the **Division head**. The form is forwarded to the **Budget Office** for final approval and Budget will send the completed form to the **Payroll Office**.

After time is worked send **time sheets** to the Payroll Office.

Request Date:	Supervisor:
Department:	Reason for Overtime / Extra Hours:
Budget Code: (Completed by department funding the overtime)	Task Description:

Name	FT or PT	Pos. #	Job Title	Start Date	End Date	Schedule/ Step	# of Hours	Pay Rate	Projected Compensation	HR Use Only	Payroll Use Only

Total Projected Compensation

Departmental Supervisor	School or Division Authorization
Date	Date
Human Resources Authorization	Budget Authorization
Date	Date