

Authorization to Work Overtime

Please attach completed form to Timesheet and submit to Payroll Office, 2850 Telegraph Avenue, Room 565.

Date of Request: _____

Employee Name: _____ Supervisor Name: _____

Employee has opted for: Paid Overtime Accrued Comp time

Request is made by: Supervisor/Manager Employee

Reason for Request:

Date(s):

Number of hours:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Supervisor's Authorization Signature

Date

Payroll Office calculates rate to be paid or comp hours to be accrued based on 40-hour week. Hours more than 40 per week are calculated at time-and-a-half.