Authorization to Work Overtime

Please attach completed form to Timesheet and submit to Payroll Office, 312 Boalt Hall.

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.