Overtime Authorization Request and Approval Form

| Employee Name | Department | t / Campus | Regular Shift |
|---------------------------------|------------|------------|---------------|
| Date of Authorized Overtime | Time Autho | rized | OT Hours |
| | From | to | |
| Reason for request: | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| Employee Signature: | | | |
| Immediate Supervisor Signature: | | | |
| VP/Executive Dean Signature: | | | |