

COLLEGE OF LETTERS AND SCIENCE
CLASSIFIED STAFF OVERTIME APPROVAL FORM

Name: _____ Date: _____

Title: _____

Department: _____

Fund/Account: _____

Rate of Pay: _____

Exempt or Nonexempt: _____

Pay Period: _____

Requested Overtime Hours: _____

Justification: _____

Cumulative Overtime Hours this Fiscal Year: _____

(Note: Overtime hours in excess of 120 hours per fiscal year must have prior approval of the College Human Resource Manager, 209 South Hall)

Supervisor Approval: _____ Date: _____

L&S Human Resource Office Approval: _____ Date: _____