

College of Design, Construction and Planning  
Authorization to Work Overtime Hours

**Employee's Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Project(s) warranting overtime:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dates of pay period in which overtime will occur:** \_\_\_\_\_ to \_\_\_\_\_

**Estimated hours of overtime:** \_\_\_\_\_

**I verify that all above information is true and exact to the best of my knowledge.**

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\*

**Supervisor/Chair/Director's Name:** \_\_\_\_\_

**Supervisor/Chair/Director's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\*

**Per the date below, my signature grants approval of this employee's overtime.**

**Dean/Business Manager's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

ONCE COMPLETED, THIS FORM IS TO BE FILED WITH THE EMPLOYEE'S APPROPRIATE TIME SHEET OR EMAIL APPROVAL.

*K: DEANS/HR/DCP OT policy*