

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