

## ADVANCE AUTHORIZATION FOR OVERTIME

In accordance with UHD's Policy on Working Hours (PS 02.A.01), I hereby authorize the following employee to work the total number of overtime hours indicated.

Name:  Employee ID:   
 Dept:  Pay Period End Date:

Week 1				Week 2				
Date(s)	Proj. Hours	Actual Hours	Reason	Date(s)	Proj. Hours	Actual Hours	Reason	
<b>Total:</b>				<b>Total:</b>				<b>Grand Total:</b>

I certify that the criterion set forth in the University of Houston-Downtown policy on working hours has been met and that the granting of compensatory time off in this situation is impracticable requiring the payment of overtime at one and one-half the regular rate of pay for this employee, and that funds are budgeted to cover this expense.

Note: All overtime must be requested by the employee and approved by the supervisor in advance of working any overtime hours, except in an emergency situation. The supervisor's signature below grants approval to work overtime.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Head (or Designee)

\_\_\_\_\_  
Date

xc: VP for Administration & Finance

Attach completed/signed authorization form to employee's time sheet and forward to the Office of Human Resources, OMB S910.