

Overtime Prior Approval Form
(Overtime, Additional Straight Time or Comp Time)

Employee Name: _____

Department: _____

The above named employee has been approved to work overtime or additional straight time on the following date(s):

for the following reason:

- _____ Fire, flood, catastrophe, or other unforeseeable emergencies
- _____ To provide coverage when another employee is not available for work
- _____ To provide essential services when they cannot be provided by overlapping work schedules
- _____ To carry out short-range assignments in which the utilization of regular employees is more advantageous than the hiring of additional personnel

This approval is limited by the following terms (list any information as to hours, etc.):

If the above results in overtime, the time will be compensated as indicated below:

_____ Comp Time

_____ Cash Payment (always
applicable for temporary &
student employees)

Employee Signature Date

Supervisor Signature Date

Physical Plant Manager Signature