REQUEST FOR OVERTIME APPROVAL

As stated in the University of Arkansas Staff Handbook – February 1998 (page 37), employees should not work in excess of 40 hours per week without prior approval. When overtime is unavoidable, it is to be managed in the most efficient and economic manner possible.

Please complete the following information and submit to the unit manager for pre-approval of overtime. Overtime approval will be renewed on a weekly basis.

Employee’s name: __________________________________________

Date and time for which overtime is requested: _________________________

Tasks to be completed: ____________________________________________

_________________________________________________________________

Amount of expected overtime needed to complete tasks: ________________

Reason that tasks could not be completed during regular working hours: ________________________________

_________________________________________________________________

Employee ____________________________ Date ________________

_________________________________________________________________

Approved: Yes ☐ No ☐

Manager ____________________________ Date ________________

Comments: ___________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Please log tasks that were completed during OT hours (use back if necessary): ________________

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Please complete and return this form to the manager after overtime hours have been worked.

Actual overtime hours worked (Date and time): _______________________

Employee initials: ________________________________

Oct 1998