

**DEPARTMENT OF MEDICINE**  
**Division of General Internal Medicine**

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**OVERTIME REQUEST AND AUTHORIZATION**

- 1. Please submit your request for overtime to your supervisor. The request must be submitted PRIOR to working overtime and it must be authorized by your supervisor/Principal Investigator. Complete top portion of Overtime Request and Authorization form and mail the GIM Payroll Coordinator a copy of form once top portion is completed/approved. KEEP ORIGINAL.**
- 2. Complete bottom portion of Overtime Request and Authorization form after overtime has been worked. Mail GIM Payroll Coordinator entire completed original once bottom portion has been completed/signed.**

<b>EMPLOYEE NAME:</b>
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<b>TODAY'S DATE:</b>	<b>BUDGET NUMBER TO BE CHARGED:</b>
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<b>DATES OF OVERTIME HOURS TO BE WORKED (not to exceed 3 month period):</b>
<b>TOTAL ESTIMATED NUMBER OF OVERTIME HOURS TO BE WORKED:</b>

<b>PROJECT OR DESCRIPTION OF WORK REQUIRING OVERTIME:</b>

<b>WHY WORK CANNOT BE COMPLETED DURING REGULARLY SCHEDULED HOURS:</b>

I authorize this request to work overtime hours.

\_\_\_\_\_  
Supervisor's Signature                      Date

\_\_\_\_\_  
Principal Investigator's Signature      Date  
Required Signature

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*To be completed once overtime hours have actually been worked:*

<b>DATES AND HOURS ACTUALLY WORKED:</b>

I certify that this is a true and correct claim of overtime incurred by me on the above dates. I wish to receive Payment \_\_\_\_\_ or Compensatory Time \_\_\_\_\_ for the above hours.

\_\_\_\_\_  
Employee's Signature                      Date

\_\_\_\_\_  
Principal Investigator's Signature      Date  
Required Signature