

Humboldt State University

STUDENT AFFAIRS

OVERTIME AUTHORIZATION

Authorization:

- pre-authorization
- retroactive authorization (for emergencies only)

Employee name: _____ Employee id #: _____

Employee's classification and working title: _____

Department name: _____

Date(s) approved for overtime work: _____

Number of hours approved: _____

Type of compensation:

- CTO
- pay

Justification for overtime work:

Approved by: _____
Supervisor or Administrator signature

Date: _____

Distribution: copy to employee; original to departmental file (retain for three (3) years)