

Assistance:(210) 458-4280

Type fill-in or Print neatly in Ink

Department Name _____

Department Contact _____

Contact Number _____

Overtime Requested General Information

Beginning Date _____
End Date _____ Overtime Hours _____ Estimated Overtime Pay _____

Purpose/Reason for Overtime: (Detailed Explanation)

Complete either Employee Specific or Department Section per form request.

Employee Specific Overtime Request

UT EID _____ Job Code _____ Last Name, First Name _____

Departmental Overtime Request (multi-employee)

List all Department Job Codes for requested Overtime

Job Code		Job Code		Job Code		Job Code	
Job Code		Job Code		Job Code		Job Code	
Job Code		Job Code		Job Code		Job Code	
Job Code		Job Code		Job Code		Job Code	
Job Code		Job Code		Job Code		Job Code	
Job Code		Job Code		Job Code		Job Code	
Job Code		Job Code		Job Code		Job Code	
Job Code		Job Code		Job Code		Job Code	

Account Information

Unit Number _____

*Account Number _____ Account Name _____

*Account Number must have Overtime -22 Sub-account designation

Unit Administrator or
Supervisor/ Primary
Investigator

Signature Line

Date

Director/ Chair

Signature Line

Date

Assoc VP / Dean

Signature Line

Date

Final Approval:

Vice President or Designated Authority

Signature Line

Date

Special Note: Without Request for Overtime Authorization form approved and on file at the Payroll Office, submitted OV5 Overtime Define docs will be held from processing.

Mail **ORIGINAL FORM** to Payroll Services Office
Inter-Campus Mail: University Heights