

UNIVERSITY OF ARKANSAS AT PINE BLUFF
AUTHORIZATION TO RECEIVE COMPENSATORY TIME/OVERTIME
(Prior approval must be obtained)

EMPLOYEE NAME: _____

DEPARTMENT: _____

SOCIAL SECURITY NUMBER: _____

*I approve overtime work as follows:

DATE(s)	NUMBER OF OVERTIME HOURS TO BE WORKED
_____	_____
_____	_____
_____	_____

Reason for overtime: _____

Supervisor's Signature

Date

Budget Officer's Signature

Date

*Compensatory time will be given unless otherwise stated.