

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.