

# University of Arkansas at Monticello

## *PRIOR APPROVAL OF OVERTIME WORK*

Employee Name \_\_\_\_\_ UAM ID# \_\_\_\_\_

I approve overtime work as follows:

<u>Date</u>	<u>Number of Overtime Hours to be worked</u>	<u>Time Frame From/To</u>
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Reason for overtime: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Cabinet Member

\_\_\_\_\_  
Date

*Effective January 13, 1986, the Supervising Cabinet Member must approve all overtime hours in advance.*