

**Office of the Vice Chancellor for Research and Graduate Education**

**Overtime and Compensatory Time Preapproval Request Form**

**Employee Name/Empl ID:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department/Center/Operational Area:** \_\_\_\_\_

**UDDS:** \_\_\_\_\_

**OVERTIME/COMPENSATORY/STRAIGHT TIME**

I request to work extra time from (date/hour) \_\_\_\_\_ through (date/hour) \_\_\_\_\_  
totaling \_\_\_\_\_ hour(s).

Reason: \_\_\_\_\_

Credit as follows:

\_\_\_\_ Overtime payment (time-and-one-half of your hourly rate to be paid) \*only if no paid leave is taken in  
same workweek

\_\_\_\_ Compensatory time credits (time-and-one-half to be credited) \*in lieu of cash overtime payment

\_\_\_\_ Straight time payment \*only if paid leave is taken in same workweek

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisory Decision: \_\_\_ Approved \_\_\_ Denied

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Supervisor: if you approve the request, route a copy of this signed form to Department Payroll Coordinator  
(or designee)*