Department of Surgery
Overtime Approval Request Form

All overtime hours worked must be approved in advance by the immediate supervisor.

NAME__________________________________________________________

*You must be a Non-Exempt Employee to be eligible for Overtime Pay/Leave*

Note: All positions are assigned an FLSA exemption code; this code reflects the overtime/compensatory provisions that pertain to your position. Detailed information can be found at: http://www.hr.virginia.edu/hr-for-you/university-staff/university-staff-policies-and-procedures/university-staff-leave-policies-and-procedures/overtime-leave/

Please indicate below the dates and number of hours you are requesting to work outside your normal schedule.

EFFECTIVE DATE: ________________

END DATE: ______________________

DURATION: ______________________

# HOURS: _____ Weekly or _____ Total

INCIDATE REQUESTED COMPENSATION TYPE

_____ Overtime Pay ______ Overtime Leave

Reason for overtime:

________________________________________________________________________

Employee’s Signature ______________________ Date ______________

Supervisor’s Approval ______________________ Date ______________