

LSUHSC-NO Overtime Request/Approval Form

Date: _____

Employee Name: _____ EMPL ID: _____

Dates covered: _____ to _____

Requested Hours: _____ Estimated Cost: _____

Justification: _____

Employee's Signature: _____ Supervisor's Signature: _____

By signing this form, I agree that

- There is a business need for the hours to be worked
- Employee's schedule could not be adjusted to accomplish work within a standard work week
- The source of funds being charged for the overtime is both adequate and an appropriate source
- **NOTE:** If the appropriate source of funds for the overtime is different from the employee's current sources of base compensation, a change in source of funds will be submitted on a PER 3.

Approved:

Business Manager

Chair/PI/Division Head

Dean's Office