Humboldt State University

Enrollment Management

OVERTIME AUTHORIZATION

| Authorization: | |
|---|----------------|
| \square pre-authorization | |
| \square retroactive authorization (for emergencies of | only) |
| | |
| Employee name: | Employee id #: |
| Employee's classification and working title: | |
| Department name: | |
| Date(s) approved for overtime work: | |
| Number of hours approved: | |
| Type of compensation: | |
| СТО | |
| \square pay | |
| Justification for overtime work: | |
| | |
| | |
| | |
| Approved by: | |
| Supervisor or Administrator signature | |
| Date: | |

Distribution: copy to employee; original to departmental file (retain for three (3) years)