

University of North Texas Health Science Center at Fort Worth

Request for Payment of Overtime Worked

The purpose of this form is to obtain approval to pay FLSA overtime. FLSA overtime occurs when a non-exempt employee physically works in excess of 40 hours in a workweek.

Department: _____ Date: _____

Dates Authorized for Payment: _____

Total Overtime Hours Required: _____ Estimated Cost: \$ _____

Justification for Overtime: _____

Employees to be Paid Overtime:

Name: _____ Emplid: _____

Name: _____ Emplid: _____

Name: _____ Emplid: _____

Name: _____ Emplid: _____

Name: _____ Emplid: _____

Name: _____ Emplid: _____

Name: _____ Emplid: _____

Name: _____ Emplid: _____

Name: _____ Emplid: _____

Name: _____ Emplid: _____

Recommended by: _____
Department Chairman/Director

Approved by: _____
VP for Finance & CFO