

UNIVERSITY OF HAWAII
AUTHORIZATION FOR OVERTIME WORK

Name _____ SR and Step _____

Title _____ Account No. _____

Department _____

Purpose (Include brief description of and justification for the proposed overtime work):

Overtime for the above named employee (____ does not exceed ____ exceeds) 200 hours for this fiscal year. (A separate memorandum justifying excessive overtime is to be attached to UH Form 10 (PERS) if overtime exceeds 200 hours).

I hereby authorize the above named employee to perform overtime work up to a maximum of _____ hours during the month of _____, 20____, for the purpose indicated. Before authorizing such overtime work, I have considered other alternatives including but not limited to the following:

1. Deferring the work or adjusting deadlines or schedules.
2. Securing help from other offices within the organization.
3. Effecting organization changes and procedural improvements that may eliminate or reduce the work to be done.
4. Hiring additional student help or temporary civil service workers.

Dean or Director

If overtime to be paid in cash:

Certified as to availability of funds:

Administrative Services/Fiscal Officer

If compensatory time to be taken:

I elect to take _____ hours of compensatory time off in lieu of cash.

Employee

APPROVED:

Dean or Director (if work is to be performed outside the Department of regular assignment)