

**AU/UGA MEDICAL PARTNERSHIP
REQUEST TO WORK OVERTIME**

Employee Name: _____ Employee ID: _____

Date(s) Requested: _____

Total Hours Requested: _____ Actual Hours Worked: _____

Business Reason for Request:
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APPROVALS:

Supervisor Approval:	Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
_____	_____	_____
Supervisor Name	Supervisor Signature	Date

Business Office Approval:	Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
Bill Prigge, PhD	_____	_____
	Signature	Date

NOTE: Overtime hours are not authorized until all approvals have been obtained.