SOUTHWESTERN

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS

REQUEST FOR OVERTIME APPROVAL

Note: Overtime Form #3029 (Overtime Timesheet) must be submitted after approval of this request form.

1) Dept./Div. Name: _____ 2) Dept. Reference #: _____ 3) Date: _____

4) Requested by: _____ 5) Phone #: _____ 6) Mail Code: _____

7) Overtime Beginning and Ending Date: _____
(All requests will expire August 31.)

8) State Reason for Overtime: _____

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	JOB CODE	JOB TITLE	E/NE	MONTHLY SALARY	HOURS

Approval Signatures:

_____
Division/Principal Investigator

_____
Department Chair/Dean

_____
Vice President for Human Services Administration

Distribution: Original – Payroll; Canary – Department; Pink – Human Resources; Goldenrod – Department
Form 3098 (9/95)