

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. Effective 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:

If compensatory time to be taken:

Certified as to availability of funds:

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

\_\_\_\_\_  
Administrative Services/Fiscal Officer

\_\_\_\_\_  
Employee

APPROVED:

\_\_\_\_\_  
Dean or Director (If work is to be performed  
outside the department of regular assignment)