

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: (713) 677-7733.

**Texas A&M University System Health Science Center  
INSTITUTE OF BIOSCIENCES AND TECHNOLOGY**

**OVERTIME REQUEST**

Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Department / Center: \_\_\_\_\_ Title: \_\_\_\_\_

Pay Period # \_\_\_\_\_

1<sup>st</sup> Week – (From) \_\_\_\_\_ (To) \_\_\_\_\_ (Estimated Hours) \_\_\_\_\_

2<sup>nd</sup> Week – (From) \_\_\_\_\_ (To) \_\_\_\_\_ (Estimated Hours) \_\_\_\_\_

Reason overtime is required:

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR BEFORE OVERTIME WORK IS BEGUN.**

**APPROVAL RECOMMENDED:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Department Head / PI/ Director

\_\_\_\_\_ Actual Hours Worked x 1 = \_\_\_\_\_ straight comp or x 1.5 = \_\_\_\_\_ overtime comp

\$ \_\_\_\_\_ Overtime Compensation  
(Requires approval of Director, IBT)

Account Number (s) \_\_\_\_\_ %  
and percentages \_\_\_\_\_ %

**JUSTIFICATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL REQUIRED:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Department Head/ PI/ Director

\_\_\_\_\_  
Director, IBT (Required for compensation)