

## Authorization to Work Over Standard Scheduled Hours for AAUP Employees

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Manager Name and Title: \_\_\_\_\_

Date	Reason(s)*	# of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If this request involves work on a grant or contract, please provide a detailed description of the work so that the appropriate fund source can be charged.

Additional sheets may be attached if more space is needed. Blanket forms will not be approved.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### Manager's Approval/Denial:

- DENIED
- APPROVED
- APPROVED, AS AMENDED BELOW:

Date	Reason(s)	# of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

KFS Account(s) to be charged for overtime costs: \_\_\_\_\_

**Manager's Certification:**

I certify that I have reviewed the information above and any attached documents.

I certify that if this authorization form is approved, the approval is for work hours required beyond the employee's regularly scheduled hours for the workweek.

I certify that if this authorization form is being completed after the employee already has worked hours beyond their regularly scheduled workweek because of an emergency or urgent situation, a written record of the event with an explanation of why prior approval was not given has been made.

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

Managers must retain a copy of this completed form for not less than one (1) year for audit purposes.

*Questions may be referred to Labor Relations at [laborrelations@uconn.edu](mailto:laborrelations@uconn.edu).*