



Authorization to Work Overtime on Grant-funded Project

**Award Information**

PI Name: \_\_\_\_\_

Department: \_\_\_\_\_ Dept Budget Code: \_\_\_\_\_

Award Title: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

PeopleSoft Grant Number: \_\_\_\_\_

Project Begin Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

**Employee Information**

Employee Name \_\_\_\_\_ Empl ID: \_\_\_\_\_

Standard Pay Rate: \_\_\_\_\_ Anticipated Overtime Pay Rate: \_\_\_\_\_

Maximum Salary Requested for Overtime: \_\_\_\_\_

**Signature**

By signing this form as the Principal Investigator, I understand that the authorized overtime amount is not to exceed the amount indicated on this form. Any excess amount will be charged to the department

\_\_\_\_\_  
Principal Investigator Date

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

\_\_\_\_\_  
Department Chair Date

\_\_\_\_\_  
Dean of College Date

\_\_\_\_\_  
OSPR Grant Administrator Date

\_\_\_\_\_  
Assistant Vice President for Research Date