



Overtime Authorization Form For Non-Exempt Employees

Please complete form, obtain signatures of person authorizing overtime, and send to:

CPH HR Email

cph-hr@osu.edu

Employee Name:

Employee Title:

Supervisor Name:

Overtime Date(s):

Overtime Hour(s):

Reason for Overtime:

Type of Overtime Payment Requested:

Overtime Requested by Whom:

Requestor Signature

Requestor Printed Name

Date

APPROVALS

Supervisor's Signature

Supervisor Printed Name

Date

Authorized Signature

Authorized Printed Name

Date