



**AFT Professional Staff
Authorization Form to Work Additional Hours**

Employee's Name: _____ Banner ID: _____

Pay Period Ending Date: _____

The employee named above has requested authorization to work additional hours as indicated below.

Working Additional Hours

Professional staff members may have to work additional hours in order to meet unusual work time requirements for reasons that may include, but not be limited to, extraordinary hours worked during summer programs, registration, special project(s), and other assignments, provided such requirements result in work that substantially exceeds a standard work week.

I am requesting authorization to work the following additional hours in the pay period:

| Date | Total # of Hours | Starting Time (Hours) | Ending Time (Hours) | Reason for Working Additional Hours |
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Employee's Signature

Date

Request is authorized

Request is denied

Reason request is denied _____

Supervisor's Signature

Date