

## GRANT OVERTIME PRE-APPROVAL FORM

Grant Title:

Agency & Grant ID:

PI:

Individual Requesting Overtime:

Pay period expected:

Number of hours anticipated:

Please explain how the overtime is required to achieve grant aims and how the aims cannot be achieved without overtime (e.g., why another employee cannot do the tasks without overtime):

### APPROVALS

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Department Head (e.g., Chair, Dean, Department Director)

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Date

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Director ORSP

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Date