



MIAMI DADE COLLEGE

OVERTIME APPROVAL FORM

*This form **MUST** be submitted prior to date of assignment.
Failure to obtain pre-approval may result in further disciplinary actions
up to and including termination as defined in Procedure 2651*

FT SUPPORT NON-EXEMPT

PT SUPPORT NON-EXEMPT

EMPLOYEE NAME:

DATE:

CAMPUS/DISTRICT AREA

Department:

Hosting Department:
(special events only)

Date of Assignment:

Pay Rate:

Hours Approved:

AM

PM

To:

AM

PM

Total Hours:

Overtime

Regular Time

Employee Signature:

Date:

Approval Signature:

Date:

Name/Title:

Print name and title

Detailed Hours:

Date	Total Hours	Justification:
Total		