



COPPIN STATE UNIVERSITY
AUTHORIZATION TO WORK BEYOND THE NORMAL WORK WEEK
(Use one sheet for each two-week period)

Pay Begin Date: _____

Pay End Date: _____

Name: _____

ID #: _____

Regular Payroll

Contractual Payroll

Department: _____

Overtime Date	Hours	FRS#	Purpose/Duties for Overtime

❖ **DATES SHOULD NOT COINCIDE WITH TIMESHEET**

❖ **DATES SHOULD NOT OVERLAP PAY PERIODS**

Signatures of Approval

Supervisor: _____
Signature

Date

Overtime Supervisor: _____
Signature

Date