

McCormick Staff Overtime Pre-Approval Request Form

Please allow one week for request approval

Date: _____

1. Requester: _____

2. Employee: _____

3. McCormick Unit: _____

4. Reason for Overtime: _____

5. Estimated Hours: _____

6. Date & Time: _____

7. Funding Source: _____

8. Please state a proposed alternative approach not requiring overtime to accomplish work:

9. Please state the consequence if the overtime is not approved:

10. Please complete [total cost worksheet](#) and attach the results to this form.

Please submit form to mcc-staffrequests@northwestern.edu