

# OVERTIME REQUEST FORM

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Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's S Number: \_\_\_\_\_

## Request for Overtime:

| <b>Dates</b> | <b>Times</b> | <b>Reason(s)</b> |
|--------------|--------------|------------------|
| _____        | _____        | _____            |
| _____        | _____        | _____            |
| _____        | _____        | _____            |
| _____        | _____        | _____            |

Total number of hours requested: \_\_\_\_\_

Method of Compensation:  Compensatory time off     Payment

Dean or director approval must be given to receive payment as an alternative to compensatory time off. The Overtime Timesheet needs to be submitted to Payroll and Human Resource Services before the monthly payroll deadline to be paid during the current month.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Supervisor*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Dean/Director*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Human Resource Services*

*This form should be given to your supervisor to be filed with your timesheets.*