

OVERTIME REQUEST AND REPORT

This form is used to report time worked beyond the employee's regular work schedule.

Location:		Supervisor's Signature and Request Date	Payroll Month:	
Department:			Year:	
Supervisor:			Week Ending:	

Section 1: Request to Work Overtime	Reason (Select One):	Facilities Rental	Civic Center / Lease Agreement No:
<i>Overtime must be approved in advance of work.</i>		Repair / Maintenance	
		"Rush Period"	
		Other: Explain:	

Employee(s)		Maximum Number of Hours to Be Worked								Payroll Estimator		Charge / Transfer Account			
Last Name	First Name	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total	OT Rate	\$ Projection	Bus Area	Gen Ledger	Cost Center	Fund
									0		0.00				
PN:									0		0.00	Notes:			
PN:									0		0.00	Notes:			
PN:									0		0.00	Notes:			
PN:									0		0.00	Notes:			
PN:									0		0.00	Notes:			
PN:									0		0.00	Notes:			

Section 2: Budget Review: (When Monetary Compensation Requested)	Section 3: Authorization:
Charge Account Balance:	Budget Review Performed By:
Estimated Expense: 0.00	Compensatory Time Only
Balance After Request: 0.00	Monetary Compensation
Signature and Date	Not Approved
	Supervising Vice President
	Signature and Date

Section 4: Report of Overtime Worked:																						
Last Name	First Name	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
		Code	From	To	Code	From	To	Code	From	To	Code	From	To	Code	From	To	Code	From	To	Code	From	To

Special Pay Codes		I certify the information appearing on this time report is true and correct.
OT Overtime		
CW Comp Time Worked		
	Supervisor's Signature	Date