



**REQUEST FOR OVERTIME APPROVAL**

Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Date	Hours	Purpose	Reimburse Comp or OT

***PLEASE NOTE:***

- Respective Administrator (VP) to approve all overtime prior to assignment.
- Overtime forms must have appropriate account number that overtime is to be charged to.
- Forms must be submitted in payroll office when electronic timesheets are due.
- Late or incomplete overtime forms may result in the delay of overtime payment.

#1 Supervisor Approval: \_\_\_\_\_

#2 Administrator (VP) Approval: \_\_\_\_\_

#3 Overtime To Be Charged To FOAP: \_\_\_\_\_

#3 FOAP Approver Correction/Comment \_\_\_\_\_

#3 FOAP Approver Signature: \_\_\_\_\_

#4 Executive Director, Financial & Fiscal Services Approval/Signature: \_\_\_\_\_