



REQUEST FOR OVERTIME APPROVAL

To: Business Manager

Employee: _____ **Position:** _____

Date	Hours	Purpose	Reimburse Comp or OT

PLEASE NOTE:

- Respective VP to approve all overtime prior to assignment.
- Overtime forms must have appropriate account number overtime is to be charged to.
- Forms must be submitted in payroll office on the 25th of each month when electronic timesheets are due.
- Late, or incomplete overtime forms may result in the delay of overtime payment.

Supervisor: _____ Administrator: _____

Overtime To Be Charged To Account Number: _____

Business Office Approval: _____