

# OVERTIME REQUEST FORM

This form is to be used to request and approve overtime. The supervisor must anticipate and request overtime for approval **PRIOR** to the beginning of overtime work. The supervisor will keep the completed form in his/her file and then include it in that pay period's regular time and attendance records sent to the Payroll Department. No overtime pay will be processed without the CFO's approval.

Name of Employee: \_\_\_\_\_ Employee ID No: \_\_\_\_\_

Department/School: \_\_\_\_\_

Year-to-date Hours for Overtime Worked: \_\_\_\_\_

Date(s) of Overtime Requested: \_\_\_\_\_  
\_\_\_\_\_

Estimated Number of Hours Requested: \_\_\_\_\_

Account to be Charged: \_\_\_\_\_

Type of Work to be Performed: \_\_\_\_\_  
\_\_\_\_\_

Why work cannot be completed during regular hours: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPROVAL

\_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department/Division Head*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Chief Financial Officer*

\_\_\_\_\_  
*Date*

*Number of Hours Approved by CFO* \_\_\_\_\_

\*\*\* REQUEST WILL NOT BE APPROVED UNLESS ALL INFORMATION IS INCLUDED. \*\*\*