

**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.

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

Department: \_\_\_\_\_

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

\_\_\_\_\_

No. of Hours Requested: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approval**

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

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

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

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

\_\_\_\_\_  
*Chief Fiscal Officer*

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

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

\_\_\_\_\_