



INSTRUCTIONAL STAFF

REQUEST FOR APPROVAL OF PAID OVERTIME

Reason for overtime (indicate nature of work that is required during the specified time period).

Employee Name _____ Payroll Title _____

Annual Salary Rate _____ Department _____

No. of hours overtime per: Day Week

Dates: _____

I certify that the work to be performed cannot be accomplished during the regular work hours.

Unit Director _____ Department _____ Date _____

Action of the Vice President

Approved _____ Denied _____

Request Modification as follows:

Signature _____ Date _____

- Distribution List
- Vice President
- Payroll
- Human Resources