



Request for Overtime Work

To:

From:

Date:

Employee Name(s) _____ Compensation Option Requested **Pay** **Comp Time Off**

Date(s) Work is to be performed:

Hours to be worked (starting and ending time):

Justification for work request:

Complete chartfield to be charged for overtime compensation

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Acct Fund Dept Prog Proj/Grant

Approved: _____

Disapproved: _____

Area Head Date

Approved: _____

Disapproved: _____

President Date

Comments (if any):

Distribution: Immediate Supervisor
 Area Head
 Payroll