

## **OVERTIME PAY REQUEST FORM**

Date:								
Supervisor Name: (Please print)								
Overtime Pay is requested as follows:								
Employee Name: (Please print)								
Total Overtime Hours Worked at Regular Rate (< 40.00 hours per week) :								
Total Overtime Hours Worked at Overtime Rate (> 40.00 hours per week):								
Dates:								
Purpose of Overtime:								
NOTE: Please complete and submit to the Payroll Office for processing. Overtime sheets are due to Payroll with the regular weekly deadline.								
Department Name: Department #								
Employee Name: Employee #								
WEEK ENDING MM/DD/YY	SAT	S	М	Т	W	TH	F	FOR ACCOUNTING ONLY
WEEK ENDING MM/DD/YY	SAT	S	М	Т	W	TH	F	FOR ACCOUNTING ONLY

Supervisor's Signature:

## SUBMIT ORIGINAL TO PAYROLL; KEEP A COPY FOR DEPARTMENT.