## OVERTIME PAY REQUEST FORM

Date: $\qquad$

Supervisor Name: $\qquad$
Overtime Pay is requested as follows:

Employee Name: $\qquad$
(Please print)

Total Overtime Hours Worked at Regular Rate ( $<40.00$ hours per week) : $\qquad$
Total Overtime Hours Worked at Overtime Rate ( $>40.00$ hours per week): $\qquad$
Dates: $\qquad$
Purpose of Overtime: $\qquad$
$\overline{\text { NOTE: Please complete and submit to the Payroll Office for processing. Overtime sheets are }}$ due to Payroll with the regular weekly deadline.

| Department Name: $\square$ | Department \# |
| :--- | :--- |
| Employee Name: $\square$ |  |


| WEEK ENDING <br> MM/DD/YY | SAT | S | M | T | W | TH | F | FOR ACCOUNTING ONLY |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
| WEEK ENDING <br> MM/DD/YY | SAT | S | M | T | W | TH | F | FOR ACCOUNTING ONLY |
|  |  |  |  |  |  |  |  |  |

Supervisor's Signature: $\qquad$

SUBMIT ORIGINAL TO PAYROLL; KEEP A COPY FOR DEPARTMENT.

## Print Form

