

OVERTIME REQUEST FORM

No one may be paid for overtime unless this form has been completed in advance of the overtime work. Overtime is paid only when forty hours have been worked within one normal work week.

EMPLOYEE NAME	JOB TITLE	EMPLOYEE ID	DATE FORM COMPLETED
Soto Randolph	Financial Analyst	41268	08/23/21
IMMEDIATE SUPERVISOR	DEPARTMENT	HOURLY RATE OF PAY	
Mercer Cochran	Finance	\$34.00	

DATE OF OVERTIME WORK		TIME OF OVERTIME WORK	
START DATE	END DATE	START TIME	END TIME
08/28/21	09/03/21		

ANTICIPATED NUMBER
OF OVERTIME HOURS

10.00

Please provide an explanation of the work that requires more than 40 hours/week to complete.

Complete financial analysis of the Dazzler project.

APPROVAL

SUPERVISOR SIGNATURE	DATE OF APPROVAL	HR REP SIGNATURE	DATE OF APPROVAL
Mercer Cochran	08/23/21	Bender Hensley	08/23/21

INSTRUCTIONS

No overtime will be paid unless this form has been completed prior to overtime. In the event of an emergency, the form must be completed within the week of the overtime worked.

It is the responsibility of the employee to submit a signed timesheet for specific overtime work. The employee must do this before payroll is completed.

The form must be returned to the immediate supervisor.