|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Name of Employee* | *Position Title* | *Hourly Rate* | *Overtime Period Date* | *Overtime Period Time* | *Total Hours* | *Over Time**Salary* |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| TOTAL |  |  |

Request for Overtime Payment

From: To:

 Requesting Division Head (PRINT NAME) Concurring Division Head (PRINT NAME)

 Title and Unit Title and Unit

 Signature and Date Signature and Date

Reason for Request *(Identify project or activity, explain circumstances):*

 ( ) Payment Authorized

Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Compensatory Time Off

Certifying Officer (NAME, SIGNATURE, & DATE) RCUOG Executive Director (Name, Signature, & Date)