

REQUEST TO PAY FOR OVERTIME WORKED

Date

Name:

Banner #:

Department:

Org. #:

Earning Codes:

Straight Overtime: (OTS)

Hours Paid at 1.50: (OTP)

Previous Overtime Balance: (OT)

Total of Overtime Hours to be Paid:

Justification:

Work Date(s) - Hour(s)	Work Location	Approved By:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Authorization:

Department Representative

Date:

Reviewed by Payroll Timekeeper:

Reviewed and agrees with timecard and/or overtime balance.

Date:

Revision Date 04/28/2009