



REQUEST FOR CASH OVERTIME (Policy # 3.3)
(Type or Print Legibly in Ink)

Department: _____

Fund# Dept# Prog#

Employee Name: _____

Social Security #: _____

Payroll Period Dates: _____ through _____

REMINDER: Fulfillment of this overtime payout request will be based on funds available and will be paid the payroll following period earned.

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

PAYROLL USE ONLY

Total # of hours to be paid: _____

Payroll Pay Date: _____