

REQUEST FOR PAID OVERTIME SHEET
(For AFSCME Unit Members)

NAME:

Date Submitted:

HRCMS Payroll Employee Number **(REQUIRED)**:

Reason for Overtime:

Day	Date	Time Worked	Total Hours	Meals Reimbursement (Payroll Use Only)
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total:

NOTE: After the AFSCME Unit Member has completed the top section of this form it must be e-mailed to the Unit Member's appropriate Supervisor for approval.

Supervisor's Signature:

Signature of Supervisor (must not be an AFSCME Unit Member)

Overtime Budget Cost Number (Required):

Appropriate Vice President's or Dean's Signature:

NOTE: AFTER THIS FORM HAS BEEN APPROVED IT MUST BE MAILED TO MARIE BURCHELL