

APPENDIX K Request to Work Overtime (OT)

Bank	ed up to 3 months P	aid out					
EMPLOYEE NAME: DEPARTMENT					For Office Use Only Month Date Paid Finance Initial		
WEEK OF:							
DATE(S) REQUESTED	EXPLAINATION OF OVERTIME WORK PERFORMED – DETAILS MAY BE REQUESTED IF NO EXPLAINATION		FROM (hour)	TO (hour)			
·	·				(hours		
			am	am			
			pm	pm			
			am	am			
				pm			
			am	am			
			pm am	pm am			
			pm	pm			
Employee's Signatı	ure	Date	Instructions:				
. , ,			Managers email Director of Administration for Pre-approval for themselves and their employees.				
Supervisor's Signature Director of Administration's (DOA) Signature		Date	Attach to this sheet (can be a screen shot or email).				
			 Managers to sign off on completed forms 				
			 Departments to submit to HR no later than noon Monday of pay week. 				
			OT forms are to completed and submitted to HR on a biweekly basis.				