

ESU 6 Request for Overtime Approval

Employee Name: _____ Date: _____

Number of hours worked over 37.5: _____

Reason for request (include why work could not be completed within 37.5 hour workweek):

Director Approval

Approved

Not Approved

If overtime hours are not approved, reason:

Department Director's Signature

Employee Signature

Please submit completed form to Vicki Taylor.