

	Reference No.: BatStateU-FO-HRD-13	Effectivity Date: May 3, 2019	Revision No.: 01
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Title: REQUEST FOR OVERTIME/ADDITIONAL JOB ORDER REQUEST FORM

SECTION I (THIS SECTION MUST BE COMPLETED BEFORE OVERTIME HOURS HAVE BEEN WORKED)

Date: _____

Name of Employee/s: _____Position: _____

_____Status: _____

Department/College: _____

Dates that work is to be performed: _____

Estimated Number of Hours: _____

Estimated Cost: _____

Task/Activity	Justification why task/s cannot be performed during regular working hours

Use additional sheet if necessary.

Supervisor’s Signature Over Printed Name

APPROVAL:
By the Authority of the University President

NAME
Vice President for Administration and Finance

Date: _____
Fund Source: _____

SECTION II-VERIFICATION OF ACTUAL OVERTIME WORKED (Attach to payroll certification prior to submission for payment)

Number of Hours Worked _____ (Anything above estimated must be re-submitted for approval)

Dates that worked was performed: _____

Summary of Accomplishment (use additional sheet when necessary):

Immediate Supervisor’s Signature: _____

Authority: As per University Memorandum Order No. 44 dated March 15, 2011 – No supervisor is authorized to permit an employee to earn overtime pay without prior approval of the Vice President for Administration and Finance and Effective on the date stated.