**Overtime Pre-approval Request Form**

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| **To:** |  | **Date** |  |
| **From:** |  |  |
|  |
| 1. **Request for Overtime Work**
 |  |  |
| **A** | Purpose (include brief description of an justification of proposed overtime work) |
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|  |  |  |
|  |  |  |
| **B** | 1. Period of overtime to be worked
 | From | -- | -- | -- | To | -- | -- | -- |  |
|  | 1. Number of employees
 |  |  |
|  | 1. Number of overtime hours requested
 |  |  |
|  | 1. Estimated cost of overtime to be paid
 |  |  |
|  | 1. Estimated number of compensatory hours
 |  |  |
|  |
| **C** | List of employees (attach list if needed) |  |
|  | **Employee Name** | **Position** | **ID #** | **Overtime Hours (Requested)** | **Est. Cost** |  |
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|  |  |  |  |  |  |  |
|  | **Total** |  |  |  |
| 1. **Declaration**
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| Before authorizing the above mentioned overtime work, I have considered other alternatives including but not limited to the following: |
| 1. Deferring the work or adjusting deadlines or schedules.
 |
| 1. Safety of the personnel and securing the college assets.
 |
| 1. Abidance of college rules/regulations while working beyond the normal working hours or on weekends/ vacation.
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| 1. Documents developed or produced will remain the sole property of college.
 |
| 1. A through report will be submitted to Managing Director upon the completion of work.
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| **Authorized by** |
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| **Approved by** |
|  |
| **Managing Director** |