

ALCORN STATE UNIVERSITY

Office of Human Resources

Request to Perform Overtime Work

I, _____ will work overtime on the following dates(s) _____.

The purpose of this overtime is to perform the following work:

_____.

Number of hours to be worked _____

Requested by _____ Date _____

Approved by _____ Date _____

CERTIFICATION

I, _____ certify that the above requested work was performed on the date(s) listed; number of hours worked _____ time worked _____.

I understand that I will be credited at the rate of time and one half for all hours worked above 40 hours per week.

Employee Date _____

Department Head Date _____