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.

_____________________________ Date __________________

Employee

_____________________________ Date __________________

Department Head