

WILKES UNIVERSITY

Overtime Request and Authorization Form

Employee Name: _____

WIN #: _____

Job Title: _____

Department: _____

REASON FOR OVERTIME (check one)

- Special project and/or additional work
- Staffing issues (covering vacation, absence, etc.)
- Work on holiday (except Public Safety)
- Emergency situation
- Other (Specify): _____

DESCRIPTION OF OVERTIME:

Date	# of Hours	Work Performed	FOAP to be charged

Employee Signature: _____

Date: _____

APPROVALS

Supervisor: _____

Date: _____

Next Level Mgr: _____

Date: _____

** Form must be submitted with the time sheet that designates the overtime listed **

Received by Payroll: _____

Date: _____