

**COLLEGE OF EDUCATION
REQUEST FOR OVERTIME/COMP TIME**

NOTE: Supervisor approval must be obtained **before** the overtime is worked.

Department Name_____

Employee Name_____

Proposed amount of time and date of work_____

Nature of work to be done_____

Reason for overtime_____

Form of compensation: Comp Time_____

Paid Overtime_____

If paid, account #_____

Employee Signature & Date_____

Supervisor Approval & Date_____
