

# GOVERNMENT / MILITARY OVERTIME REQUEST FORM

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ORGANIZATION NAME	
DEPARTMENT	
CONTACT INFORMATION	
SUBMIT COMPLETED FORM TO:	

EMPLOYEE NAME	PAY PLAN	PAY GRADE	OVERTIME START DATE	OVERTIME END DATE	OVERTIME HOURS *	ELECTED **	REQ'D ***

**JUSTIFICATION** Provide description of work and reason for overtime.

REQUESTED BY

NAME	TITLE	DEPARTMENT	DATE

APPROVAL

NAME	TITLE	SIGNATURE	DATE

\* Exclude meal periods

\*\* Employee must initial

\*\*\* Authorized Officer must initial

APPROVED

DISAPPROVED

## INSTRUCTIONS

## **DISCLAIMER**

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