WILKES UNIVERSITY

Overtime Request and Authorization Form

Name: _____   ID#: ____

Title _____   Dept _____

REASON FOR OVERTIME (check one)

   Special project   Straight (fill in etc.)

   Workload   Eg.

   Other: ____

DESCRIPTION OF OVERTIME:

Date	# of Hours	Work Performed	FOAP to be charged

Sig _____   Date _____

APPROVALS

Sup _____   Date _____

Mgr _____   Date _____

      For HR use only

by: ____   Date _____