# AUR HUMAN RESOURCES DEPARTMENT

***OVERTIME REQUEST***

Name of employee _____

Name of supervisor _____

| DATE | NO. OF HOURS | PROJECT | To be paid to be compensated (leave) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total hours | | | |

Notes _____

_____

Employee's signature _____

Supervisor's approval _____ Date _____

*THIS FORM MUST BE RETURNED TO THE HUMAN RESOURCES OFFICE*

*For HR DIRECTOR use only.*

Notes _____

Applied on _____ payroll
*(month)*

Date _____ Signature _____