

# CARIBBEAN NAZARENE COLLEGE EMPLOYEE OVERTIME REQUEST FORM

Instructions: Please submit this form to your supervisor for approval prior to working overtime.

## EMPLOYEE INFORMATION

Date Requested: \_\_\_\_\_ Staff Member : FT  Temp  PT   
Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone/Extension: \_\_\_\_\_

## ADVANCE APPROVAL OF OVERTIME ASSIGNMENT

Number of hours: \_\_\_\_\_ To be worked on: \_\_\_\_\_ date(s) \_\_\_\_\_ time(s)

Method of compensation:  Payment  Compensatory Time Off

Reason for overtime:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overtime authorized by: \_\_\_\_\_  
Supervisor's Signature

## FOR OFFICIAL USE ONLY

Overtime approved: Yes  No  If No, please state alternative working arrangements:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Human Resource

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
President

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Approved



