



Bishop State Community College

REQUEST FOR OVERTIME EMPLOYMENT

This form is to be used to request overtime employment for compensatory time off or financial compensation for non-exempt employees under the Fair Labor Standards Act.

DATE: _____

NAME OF EMPLOYEE _____

TITLE _____

DEPARTMENT _____

SUPERVISOR _____

I request that the above named employee work overtime on the date(s) of:

_____	From _____	To _____	Total Hours _____
_____	From _____	To _____	Total Hours _____
_____	From _____	To _____	Total Hours _____
_____	From _____	To _____	Total Hours _____

To perform the following duties:

Signature of Supervisor

I AGREE TO WORK FOR OVERTIME FOR:

Compensatory Time Off []

Financial Compensation []

Signature of Employee

[] I approve your request for overtime work.

[] I do not approve your request for overtime work.

Signature of President