

REQUEST FOR OVERTIME OR TIME/SHIFT CHANGE

INSTRUCTIONS 1. Address request to first office required to take action 2. Overtime should be approved at second level above employee. 3. Forward original via chain of command to approving authority. 4. This is a self-routing form and does not require a route sheet.

TO: FROM:

It is requested that the following employee/s be authorized to work as indicated. The reason for this request is as follows:

*If overtime is approved, the employee/s have elected to be compensated as shown.

PAY #	NAME	CHANGE TYPE Overtime, Shift Change, Change Hours, Change Work Week, Compensatory Time	JON/ TASK	OVERTIME START TIMES		NUMBER OF HOURS AUTHORIZED For shift/work week change, enter start time on day. Week of: _____ to _____							FLSA Non-Exempt employees choosing Compensatory Time SIGNATURE REQUIRED
				PRE	POST	S	M	T	W	T	F	S	

PRODUCT MANAGER NAME (print or type) SIGNATURE AND DATE

ENDORSEMENTS (as applicable)

FIRST ENDORSEMENT BRANCH HEAD NAME (print or type) SIGNATURE AND DATE
 RECOMMEND APPROVAL
 DISAPPROVED (explain on back)

SECOND ENDORSEMENT DEPUTY DIVISION DIRECTOR NAME (print or type) SIGNATURE AND DATE
 RECOMMEND APPROVAL
 DISAPPROVED (explain on back)

FINAL ENDORSEMENT DIVISION DIRECTOR NAME (print or type) SIGNATURE AND DATE

Original to Division Director