

Peralta Community College District Overtime Request Form

This form shall be used to request prior authorization for overtime work. All requests for overtime must be pre-approved by your immediate supervisor, as well as the area Vice Chancellor or College President. All required signatures must appear on the form, prior to submitting to the college Business Office, or District Department of Finance.

DATE OF REQUEST: _____

EMPLOYEE NAME: _____

EMPLOYEE TITLE: _____

DEPARTMENT: _____

NUMBER OF HOURS REQUESTED: _____

TOTAL COST OF OVERTIME (Hourly rate x 1.5): _____

REASON FOR OVERTIME/COMP TIME REQUEST:

BUDGET INFORMATION

ACCOUNTING CODES							
LOC	FUND	COST CENTER	OBJECT	PROGRAM	ACTIVITY	PROJECT	LINE

APPROVALS

Employee Signature Date

Vice Chancellor / President Date

Supervisor's Signature Date

College Business Director Date

Vice Chancellor, Finance Date