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**

**Note: Signature of VC of Finance is not required for the campus routing.*

APPROVALS

_____ _____

Employee Signature Date Vice Chancellor / President Date

_____ _____

Supervisor's Signature Date College Business Director Date

_____

*Vice Chancellor, Finance Date

Revised 02-19-21