

MILES COLLEGE



Request for Approval of Overtime Hours

The employee(s) listed below are needed to work additional hours as scheduled:

Requested by: _____

Department: _____

Day (s) of Week Work is Requested: (M) (T) (W) (TH) (F) (S) (SUN)

Date (s) _____

Purpose of Overtime: _____

Employee Name and Social Security #	Total Hours Worked
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Approved By: _____
Supervisor and/or Manager

Date

Approved By: _____
Diana Knighton, Business Manager

Date