

INSTITUTE FOR SOCIAL, BEHAVIORAL & ECONOMIC RESEARCH (ISBER)

OVERTIME REQUEST FORM

(Approval must be received prior to working overtime.)

Employee Name: _____ Today's Date: _____

I request to work additional hours for the following reasons: _____

Date(s) additional hours are to be worked: _____

Estimated Straight-Time hours: _____

Estimated Premium-Time hours: _____
(hours physically worked over 40 accrue at 1.5 rate)

Total hours of requested overtime: _____

Employee Signature Date

Supervisor Signature Date

PI/Manager Signature Date

This completed form must be submitted with monthly time card.