CONCORD UNIVERISTY

REQUEST FOR ADDITIONAL COMPENSATION – OVERTIME

Name of Staff Member: _____

University ID Number: _____

The above-named staff member worked _____ **hours overtime during the period** _____ **to** _____ **as follows:**

Extra Hours worked beyond the regular workweek	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total

Reason for overtime/additional compensation:

_____

_____

_____

Please Circle One: **Overtime paid on next payroll**
Roll to comp-time

I certify that the above-named staff member had prior approval by me to work the overtime listed above and did in fact, and I authorize payment in accordance with University Policy and Procedures.

_____

Signature of Supervisor **Date**

_____

Signature of Staff Member **Date**