

WILKES UNIVERSITY

Overtime Request and Authorization Form

Name: \_\_\_\_\_

WF: \_\_\_\_\_

DT: \_\_\_\_\_

PH: \_\_\_\_\_

REASON FOR OVERTIME (check one)

Special

Significant

et .)

Other

Emergency

\_\_\_\_\_

DESCRIPTION OF OVERTIME:

Date	# of Hours	Work Performed	FOAP to be charged

\*\* Form must be submitted with the time sheet that designates the overtime listed \*\*

Received by Payroll \_\_\_\_\_ Date: \_\_\_\_\_