

Santa Clarita Community College District

Request for Overtime Approval

Name:

Employee ID#:

Located on your paystub under the heading "Employee ID."

Month Worked:

Date	Hours From	Hours To	Reason	Overtime Hours Worked
*Total OT Hours Worked				0
Hourly Rate				\$
Total Amount Due				\$0

(x1.5)

Budget Account Number	Hours
*Total OT Hours Worked	0

I hereby certify that I have satisfactorily worked the total hours indicated above and request payment.

Employee Signature

Supervisor Signature

***Total OT Hours Worked Must Match**

This form must be completed and signed via Adobe Sign along with your Timesheet by the employee and supervisor with a CC to the appropriate Payroll email address no later than the timesheet deadline noted on the Payroll intranet site.