

**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
<b>*Total OT Hours Worked</b>				
<b>Hourly Rate</b>				\$ (x1.5)
<b>Total Amount Due</b>				\$

Budget Account Number	Hours
<b>*Total OT Hours Worked</b>	

*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.***