

UNIVERSITY OF GUAM

MANGILAO, GUAM

REQUEST FOR OVERTIME EMPLOYMENT

Fron	n:		To:				
	Requesting Division H	Requesting Division Head (PRINT NAME)			Concurring Division Head (PRINT NAME)		
	Title and Ur	Title and Unit Signature and Date		Title and Unit Signature and Date			_
	_						_
≀eas 	on for Request (Identify project of	or activity, explain circun	istances):				
	Name of Employee	Position Title	Hourly Rate	Overtime Period Date	Overtime Period Time	Total Hours	Over Time Salary
1							
2							
3							
4							
5							
() Funds Available Account # () No Funds Available				() Payment Authorized() Compensatory Time Off Authorized() Request Disapproved			
Certifying Officer (NAME, SIGNATURE, & DATE)				VICE PRESIDENT (Name, Signature, & Date)			