**DROC Human Resources Unit for SRACO Manpower**

**Overtime Request Approval Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Employee** |  | | |
| **Employee Contractor Number** |  | **Ext Number** | : |
| **Job Title** |  | | |
| **Reporting To** |  | | |
| **Center/Department** |  | | |
| **Date Form Completed** |  | | |

|  |  |
| --- | --- |
| **Pre-Approved/Planned Overtime** | **Unplanned Overtime** |
| No one may be paid for overtime unless this form has been completed in advance of the overtime work | In case of emergency or unexpected OT, this form must be completed within the week of the overtime rendered. |
| **Overtime is paid only when the required number of hours (40) have been completed in one normal week** | |

**Anticipated date and number of overtime hours**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **s/n** | **Date** | **# hrs** | **s/n** | **Date** | **# hrs** | **s/n** | **Date** | **# hrs** | **s/n** | **Date** | **# hrs** | **s/n** | **Date** | **# hrs** | **s/n** | **Date** | **# hrs** |
| 1 |  |  | 6 |  |  | 11 |  |  | 16 |  |  | 21 |  |  | 26 |  |  |
| 2 |  |  | 7 |  |  | 12 |  |  | 17 |  |  | 22 |  |  | 27 |  |  |
| 3 |  |  | 8 |  |  | 13 |  |  | 18 |  |  | 23 |  |  | 28 |  |  |
| 4 |  |  | 9 |  |  | 14 |  |  | 19 |  |  | 24 |  |  | 29 |  |  |
| 5 |  |  | 10 |  |  | 15 |  |  | 20 |  |  | 25 |  |  | 30 |  |  |

|  |  |
| --- | --- |
| **Anticipated Number of Hours (max of 40hrs monthly)** |  |

**Please provide a justification that requires work for more than 40 hours/week to complete**

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|  |

**Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor’s Signature** | **Date of Approval** | **DROC** | **Date of Approval** |
|  |  |  |  |

**\*Once signed by DROC, this form will be returned to the requester.**

**\*This form should be attached with the accumulative overtime report form**