**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**

|  |
| --- |
|  |

**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**