

REQUEST FOR APPROVAL OF OVERTIME

State University of New York at New Paltz

DATE _____

TO: PAYROLL

TO BE CHARGED TO:

FROM: _____

ACCOUNT NAME _____

ACCOUNT NO. _____

NAME AND TITLE	DATE	REASON	HOURS

I certify that overtime is required due to the above reasons and because of conditions beyond our control, it is necessary for the people listed above to work extra hours.

NAME: _____

TITLE: _____

DIRECTOR OF HUMAN RESOURCES