



Date of Request:

Approval Request - For Hours Worked OVER Regular Schedule

First Name: Last Name: Galaxy ID:
Employee Job Title: Department:
Supervisor/Dean: Campus: Extension:
Employee Type:



Project and Justification Information:

Describe work to be performed:

[Large empty rectangular box for describing work to be performed]

Start Date: _____ End Date: _____ Total # Extra Hours to be worked:

Employee Signature Date Supervisor/Dean Approval Date VP Approval Date

(NOTE: Please forward completed request to your area Vice President for Executive Cabinet review.)

EXECUTIVE CABINET INFORMATION

Date Reviewed by Executive Cabinet: _____ APPROVED DENIED

Superintendent/President Signature Date

(Attach approved document to monthly Timesheet when submitting to Payroll)