Peralta Community College District Overtime Request Form

This form shall be used to request prior authorization for overtime work. All requests for overtime must be pre-approved by your immediate supervisor, as well as the area Vice Chancellor or College President. All required signatures must appear on the form, prior to submitting to the college Business Office, or District Department of Finance.

DATE OF REQUEST:								
EMPLOYEE NAME:								
EMPLOYEE TITLE:								
DEPARTMENT:								
NUMBER OF HOURS REQUESTED:								
TOTAL COST OF OVERTIME (Hourly rate x 1.5):								
REASON FOR OVERTIME/COMP TIME REQUEST:								
BUDGET INFORMATION								
ACCOUNTING CODES								
LOC	FUND	COST CENTER	OBJECT	PROGRAM	ACT	IVITY	PROJECT	LINE
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*Note: Signature of VC of Finance is not required for the campus routing. APPROVALS								
Employee Signature				Date	Vi	Vice Chancellor / President		
Supervisor's Signature				Date	Co	ollege Busine	Date	
*Vice Chancellor, Finance Date								

Revised 02-19-21