



The Citadel
The Military College of South Carolina

Request for Overtime Compensation

(Complete and submit only when overtime requirements cannot be accommodated by adjustment in workweek)

DEPARTMENT: _____		DATE: _____	
Request approval to pay or comp overtime as outlined below since workweek cannot be adjusted. (A maximum of 240 hours can be accrued in compensatory bank.)			
Reason Overtime is necessary: _____			

Employee	Date of Overtime	Estimated Hours	Request Pay or Comp
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Department Head Approval _____			
Date _____			

VP OF FINANCE & BUSINESS AFFAIRS		
Approved _____	Disapproved _____	Date _____
Signature _____		

Attach completed and <u>approved</u> form to the time sheet that includes period in which overtime is requested.		
Date received in Payroll: _____	Processed for: Pay _____	Comp _____