Flathead Valley Community College™

Overtime Request

Supervisor Name: **Department:**

Supervisor Email: **Date:**

Purpose of Overtime:

Dates and Times of Hours Requested:

Dates	Times	Total Hours of Overtime
Hourly Wage		**Overtime Value: (= Hours * 1.5* Wage)**

Reason Compensatory Time is Not Used:

Leadership Signatures/Acknowledgement of Support		YES	NO
Supervisor:			
Dean/Director:			
VP:			
Business Office:			
Human Resources:			
President:			