Request for Overtime Leave Payment

Employee Name: _____
Last First M.I.

Assignment Number: _____

Organization: _____

Pay Overtime Leave Balance As Of: _____

I request payment for the overtime leave balance of the above named employee as indicated below to be processed in the next available pay period. I understand that all outstanding University Time Management Forms up to and including the date specified above must be submitted before payment can be issued.

Check One:

____ Payment of total overtime leave balance is requested.

____ Payment of partial overtime leave balance is requested.

Please indicate overtime leave hours to be paid. _____

_____ _____
Signature of Department Head Date

TO BE COMPLETED BY EMPLOYEE:
I understand that my overtime leave balance will be reduced as stated above and that payment for these hours will be at my regular hourly rate.

_____ _____
Signature of Employee Date

TO BE COMPLETED BY UNIVERSITY HUMAN RESOURCES:
Payment for _____ hours of overtime leave is authorized as of _____.
A leave adjustment has been processed to deduct these hours from the employee's overtime leave balance.

_____ _____
Signature of Leave Specialist Date