## California State University Dominguez Hills Foundation Overtime Request and Approval

Overtime i tequest and i	<del></del>		
Attach completed form to applicable	e timesheet		
Note: It is the policy of the Fou	It is the policy of the Foundation not to accrue compensating time off.		
All overtime will be paid	at the appropriate rate in the pe	eriod earned.	
If unusual circumstance	s exist, exceptions may be requ	ested by submitting	
a written request to the	Foundation Executive Director.	,	
Employee Name			
Employee Social Security Number			
Foundation Account Number			
Pay period ending			
Date overtime to be worked Number of overti		hours approved	
•			
•			
Reason for overtime			
Approvals			
Employee's Signature		Date	
Supervisor's Signature		Date	
FDN USE ONLY Check and o	complete if applicable		
[ ] CTO approved, request	letter and approval attached		
Number of hours to be accrued as CTO		FDN #114 3/91	