

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