



DEPARTMENTAL REPORT OF APPROVED OVERTIME

Department: _____

GL Account Number: _____

Date: _____

Pay Period End Date: _____

Name: _____

Employee Number: _____

Date O/T Was Worked	O/T Hours Actually Worked*	Reason for O/T	Meal Allowance

* All overtime hours above will be paid at 1.5 or 2 times the regular rate depending on the employee's group

Approved:

Supervisor

Department Head

Submit Form To: Payroll Department. Any inquiries should be directed to this department at (519) 253-3000 ext. 2135