

Kapi'olani Community College  
Student Employment

REQUEST FOR OVERTIME WORK

TO: Dean or Director

Date:

FROM:

I. Request for Overtime Work

A. Purpose (include brief description of and justification for the proposed overtime work):

- B. 1) Period overtime to be worked \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- 2) Number of employees \_\_\_\_\_
- 3) Number of overtime hours requested \_\_\_\_\_
- 4) Estimated cost of overtime to be paid \_\_\_\_\_
- 5) Estimated number of compensatory hours \_\_\_\_\_

C. List of employees (attach listing if needed)

<u>Employee Name</u>	<u>Position Title</u>	<u>O.T. Hours Requested</u>	<u>Est. Cost</u>	<u>Est. Comp. Hours</u>
	<b><u>TOTAL:</u></b>			

II. Alternatives Considered

Before authorizing such overtime work, I have considered other alternatives including but not limited to the following:

- 1) Deferring work or adjusting deadlines or schedules
- 2) Securing help from other offices within the organization
- 3) Effecting organization changes and procedural improvements that may eliminate or reduce the work to be done.
- 4) Hiring addition student help or temporary workers.

\_\_\_\_\_  
Authorized by:

If overtime to be paid in cash:

Certified as to availability of funds:

Approved:

\_\_\_\_\_  
Administrative Services/Fiscal Officer

\_\_\_\_\_  
Dean or Director