

LEHMAN COLLEGE
of the City University of New York

REQUEST FOR APPROVAL OF PAID OVERTIME

No. of hours _____

Reason for overtime (Indicate emergency nature, potential losses to property, inconvenience to public, potential loss of revenue, legal requirements, etc.)

HOLIDAY PAY – No. of hours _____
Specify Holiday _____

Name _____ Title _____ SS# _____

Other CUNY position, if any _____

Annual Salary \$ _____ Dates of Pay Period ___/___/___ through ___/___/___

I certify that: the work to be performed cannot be accomplished during regular work
Hours and that I have sufficient funds in my department budget for this payment.

Advance approval is required for paid overtime or holiday pay. If work
has already been performed, note highest ranking College official who
gave approval. _____

_____/_____/_____
Date Department Dept. Code Department Head

_____ Approved _____ Denied _____ Request modified as follows:

Cost:

Chargeable to:

Rate of Pay \$ _____ x Hrs. worked _____ = _____

_____ Tax Levy
_____ PS Regular
_____ Temp. Svc.

Time & a half \$ _____ x Hrs. worked _____ = _____

Fringe Benefits (Non-tax levy only) _____ Non-tax Levy

Total _____

Date

Human Resources Director

Budget Approval