



RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

OVERTIME PAYMENT REQUEST

From: _____
Requesting Division Head (Print Name)

To: _____
Concurring Division Head (Print Name)

Title Unit

Title Unit

Signature Date

Signature Date

Reason for Request (*Identify project or activity, explain circumstances*):

	<i>Name of Employee</i>	<i>Position Title</i>	<i>Hourly Rate</i>	<i>Overtime Period Date</i>	<i>Overtime Period Rate</i>	<i>Total Hours</i>	<i>Over Time Salary</i>
1							
2							
3							
4							
5							
						Total:	

Funds Available: G.L. Account Number: _____
No Funds Available

RCUOG Certifying Officer's Signature

Date (MM/DD/YYYY)

Payment Authorized Compensatory Time Off Authorized Request Disapproved

RCUOG Executive Director's Signature

Date (MM/DD/YYYY)