



Request for Overtime/Temporary/Emergency Help

Date: _____ Director/Supervisor making request: _____

EMPLOYEE NAME: _____

Department approval is requested for an estimated \$ _____ and _____ hours of:

(Check one) Overtime/Comp-Time Temporary/Emergency Help

from Cost Center #: _____

for the following period: _____ to _____

for the purpose of:

President or Area Vice President

Project Approved _____
President/Area Vice President Signature/Distance MN Online Consortium Director

Project Disapproved _____
Date

Comments: _____

Please route in the order of signatures above and return to Requestor

Department to retain for documentation of approval.