

**Request for Overtime
The University of Southern Mississippi**

Name		Date	
Social Security No.		Signature	
Payment Method	<input type="checkbox"/> Payment <input type="checkbox"/> Compensatory Leave		

Dates of Overtime

Date	From	To	Reason

Report actual hours worked on the timesheet.

Signatures

Authorized by	Approved by	Not Authorized	Not Approved
Supervisor	Signature Authority	Supervisor	Signature Authority
Comments:			

7-2000

**Request for Overtime
The University of Southern Mississippi**

Name		Date	
Social Security No.		Signature	
Payment Method	<input type="checkbox"/> Payment <input type="checkbox"/> Compensatory Leave		

Dates of Overtime

Date	From	To	Reason

Report actual hours worked on the timesheet.

Signatures

Authorized by	Approved by	Not Authorized	Not Approved
Supervisor	Signature Authority	Supervisor	Signature Authority
Comments:			

7-2000