

Date of Request:

**Approval Request - For Hours Worked OVER Regular Schedule**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Galaxy ID: \_\_\_\_\_  
Employee Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor/Dean: \_\_\_\_\_ Campus: \_\_\_\_\_ Extension: \_\_\_\_\_  
Employee Type: \_\_\_\_\_

**Project and Justification Information:**

*Describe work to be performed:*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total # Extra Hours to be worked:

\_\_\_\_\_  
Employee Signature                      Date                      Supervisor/Dean Approval                      Date                      VP Approval                      Date

(NOTE: Please forward completed request to your area Vice President for Executive Cabinet review.)

**EXECUTIVE CABINET INFORMATION**

Date Reviewed by Executive Cabinet: \_\_\_\_\_  APPROVED       DENIED

\_\_\_\_\_  
Superintendent/President Signature                      Date

(Attach approved document to monthly Timesheet when submitting to Payroll)