**OVERTIME REQUEST FORM**

|  |  |
| --- | --- |
| **Employee Name** | **Date Filed** |
|  |  |
| **Position** | **Salary** |
|  |  |
| **Functional Division/Unit** | **Chief/Unit Head:** |
|  |  |
| **Proposed date/s of Overtime** | **Number of Hours/ Specific Time** |
|  |  |
| **Reason/s for the Overtime** |  |
|  |  |
| **Recommending Approval** | **Approved** |
| * With Overtime Pay * With Compensatory Off Credits   **REY F. BULAWAN, EdD**  Asst. Schools Division Superintendent | **GAUDENCIO C. ALJIBE JR., Phd, EdD, CESO VI**  OIC-Schools Division Superintendent |