



South Florida Veterans Affairs
Foundation for Research and Education, Inc.
www.sfvafre.org

1201 NW 16 STREET MIAMI, FL 33125 PHONE (305) 575-7000 X 4495 FAX: (305) 575-3126

ADDITIONAL HOURS REQUEST AUTHORIZATION

Employee: _____ (print) PP: _____

Date and duty time: _____ from _____ to _____ Hrs Per Day _____
date

_____ from _____ to _____ Hrs Per Day _____
date

_____ from _____ to _____ Hrs Per Day _____
date

_____ from _____ to _____ Hrs Per Day _____
date

_____ from _____ to _____ Hrs Per Day _____
date

Total OT hours _____

Justification:

Immediate Supervisor _____
(print name)

Funding Source: _____
(print project name)

Supervisory Approval _____
signature

Date Approved: _____
MUST be prior to date of overtime

FOUNDATION APPROVAL

Executive Director or Designee Date