



South Florida Veterans Affairs  
Foundation for Research and Education, Inc.  
[www.sfvafre.org](http://www.sfvafre.org)

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

### OVERTIME 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