



**EDUCATIONAL MEDIA
OVERTIME REQUEST**

DEPARTMENT: _____

TYPE OF EVENT: _____

DATE/TIME OF EVENT: _____

LOCATION: _____

DEPARTMENT CONTACT PERSON: _____

PERSON REQUESTED: _____

ACCOUNT NUMBER: _____

ESTIMATED TOTAL HOURS: _____

AUTHORIZED BY: _____

ACCOUNT MANAGER (PRINT)

ACCOUNT MANAGER SIGNATURE

Keep in mind that we must include travel time to and from the event. We must also include setup time prior to the event and pickup of equipment at the end of the event. Therefore, the hours and pay will be adjusted accordingly. Once the charge is processed, Edna Rivas, Unit Coordinator will email you the report. Requests must be submitted three days prior to accommodate our employee's schedules.