



Human Resources & Payroll

4400 University Drive, MS 3C3, Fairfax, Virginia 22030
Phone: 703-993-2600; Fax: 703-993-2601

Request for Overtime Leave Payout

Employee Name: _____ G#: _____
Print

Department: _____

As the Supervisor (and/or Head of The Department) for the above employee, I hereby request
the payment of _____ overtime hours.
Number of hours

Supervisor Name: _____ Date: _____
Signature

Supervisor Name: _____
Print