SAN DIEGO STATE UNIVERSITY

Payroll & Compensation Services
Authorization for Extra Hours

Department: _____

Employee Name: _____ **Pay Period:** _____

Red ID Number/SSN: _____ **Position Number:** _____

Date:	From:	To:	Hours Authorized	Time Off = W Payment = P	Hours Worked

Reason for Extra Hours:

EXTRA HOURS HAVE BEEN WORKED AS INDICATED ABOVE

Employee Signature:

Date:

Supervisory signature indicates that approval was given to perform extra hours and receive compensation.

Supervisor Signature:

Date: