

*South Florida Veterans Affairs  
Foundation for Research and Education, Inc.*

1201 N.W. 16<sup>th</sup> Street Room # 2A105, Miami, Florida 33125  
Phone: (305) 575-3179; Fax: (305) 575-3126  
www.varesearchfoundation.org

**REQUEST FOR OVERTIME/COMP TIME**

Employee: \_\_\_\_\_  
(print)

Date and duty time: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ **Circle one: OT CT**  
date

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ **Circle one: OT CT**  
date

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ **Circle one: OT CT**  
date

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ **Circle one: OT CT**  
date

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ **Circle one: OT CT**  
date

Total OT hours \_\_\_\_\_

Total CT hours \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Funding Source: \_\_\_\_\_  
(print name) (print project name)

Supervisory Approval \_\_\_\_\_ Date Approved: \_\_\_\_\_  
signature **MUST be prior to date of overtime**

FOUNDATION APPROVAL

\_\_\_\_\_  
Executive Director or designate Date