

UNIVERSITY OF RHODE ISLAND PAYROLL

REQUEST TO TRANSFER OVERTIME

DATE:

EMPLOYEE NAME:

EMPLOYEE ID#:

PAY PERIOD END DATE:

ARE HOURS POSTED TO TIME CARD?:

DATES WORKED:

HOURS WORKED:

CHARTFIELD STRING: - - -

EFFORT CODE:

RESEARCH ACCOUNTING APPROVAL:
for fund 500 accounts only _____

DATE:

REASON FOR CHARGE TO FUND 500:

HOME DEPARTMENT APPROVAL: _____

DATE:

OVERTIME DEPARTMENT APPROVAL: _____

DATE:

THIS FORM IS FOR THE PURPOSE OF REQUESTING TRANSFER OF OVERTIME ONLY.

THIS FORM MUST BE SUBMITTED WITH THE APPROPRIATE BIWEEKLY ATTENDANCE REPORT UNLESSS IT IS FOR HOURS WORKED ON SATURDAY (the last day of the pay period) IN WHICH CASE SUBMIT FORM ON MONDAY

FOR PAYROLL USE ONLY:

PP# PAID: _____

P/R ACCOUNT NUMBER

RATE: _____

OVERTIME	S/O	O/T	H/S	H/W
OVERTIME HRS PAID				
RETRO RATE: \$ _____				
CHARGED TO HOME DEPT				
CHARGED TO O/T DEPT				
TOTAL				

For P/R Accounting Use Only	
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