



Catholic Diocese of Saginaw OVERTIME REQUEST

Employee Name: _____

Department/Office: _____ Pay Period Ending: _____

Date	Reason	From (am/pm)	To: (am/pm)	Total Hours

Supervisor: _____ Date: _____

Pastor: _____ Date: _____

or

Pastoral Administrator: _____ Date: _____

(Note: Please attach copy to time card when submitted.)

Rev. 08/05