



ADDITIONAL HOURS FORM FLAT RATE

Employee Number

Job Code

Account Number

Date	Time Worked		Hours Worked	Reason for Additional Hours	FLAT RATE
	From	To			
TOTAL HOURS				TOTAL AMOUNT	

PLEASE PRINT - Employee Name

Employee Signature

Building or Location

Administrator/Supervisor Signature

Use this form to pay additional hours at a flat, specified rate.

Administrator, Human Resources