



Centennial  
1903-2003 Celebration

# WESTERN MICHIGAN UNIVERSITY

Auxiliary Enterprises

## Overtime or Afterhour/Weekend Approval Form

Name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Reason for stay: \_\_\_\_\_

Date for hours to be worked: \_\_\_\_\_

Estimated # of hours: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Approved

Denied

Date: \_\_\_\_\_

Key assigned: \_\_\_\_\_

Actual time worked: \_\_\_\_\_

Status report attached:  Yes

Key return date: \_\_\_\_\_