

GEORGIA DEPARTMENT OF CORRECTIONS OVERTIME PAYMENT REQUEST

LOCATION:	DEPARTMENT ID:
-----------	----------------

REQUEST FOR OVERTIME FUNDS \$_____ (State) AND \$_____ (Other)
TO BE APPROVED FOR _____ ACTIVITY AS FOLLOWS:
Purpose of Overtime:

Number of Positions	Job Title	Pay Grade	Overtime Hourly Rate	Overtime Hours Requested	Total Cost of Overtime Hours
				TOTAL REQUESTED \$	

Date:	Requested by and Title:
Date:	Regional Director Approval: