

Subcontractor Overtime Request

Date: _____

Name: _____

Subcontract #: _____

Week Ending: _____

(Work Week Extends from Friday _____ to 12:00 PM _____)

Number of hours of overtime to be worked in the given period: _____

Justification: _____

AFR Signature: _____ **Date:** _____

***Please Note:**

Before any overtime can be worked, this form must be completed. The original must be kept with the STR file and a copy must be given to the subcontractor and the subcontract employee.

The subcontractor must submit a copy of this approved form when submitting invoices for payment.