**OVERTIME REQUEST FORM**

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| --- | --- |
| **Request Date:** |  |
| **Request Number:** |       |
| **Sub recipient:** |       |
| **Email:** |       |
| **Activity Date:** | Click or tap to enter a date. |
| **Purpose of Overtime:** |       |
| **Investment No / Title:** |       |
| **Project Title:** |       |
| **Grant Number:** | Choose an item. |
| **Program:** | Choose an item. |
| **Strategy Reference No:** |       |
| **Program Support:** | [ ]  Exercise [ ]  Training [ ]  Planning [ ]  Increase in Hawaii Homeland Security Advisory[ ]  Other (if other, please provide information):      |
| **Estimated Overtime Cost:** |       |
| Requestor:        Print Name / Title Requestor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMO Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department of Defense Date Grants Administrator |
| **For reimbursement, submit draw down request with the following supporting documents:*** Draw Down Request Memorandum
* Approved Overtime Request Form
* Payroll Register
* Agency / County Overtime approval request
* Fringe Benefit documents
* **Overtime detailed summary for reimbursement (Excel spreadsheet for computing overtime)**

**NOTE: When submitting any supporting documentations, please remove / omit any Personal Identifiable Information (PII) including but not limited to; passport number, credit card numbers, social security number, birthdate, etc. For more information, refer to: 2CFR 200.82 Protected Personally Identifiable Information (Protected PII)** |

 **(OT REQUEST MUST BE SUBMITTED AND APPROVED PRIOR TO ACTIVITY)**