



**ADDITIONAL HOURS FORM  
 FLAT RATE**

\_\_\_\_\_  
 Employee Number

\_\_\_\_\_  
 Job Code

\_\_\_\_\_  
 Account Number

Date	Time Worked		Hours Worked	Reason for Additional Hours	FLAT RATE
	From	To			
<b>TOTAL HOURS</b>				<b>TOTAL AMOUNT</b>	

\_\_\_\_\_  
 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