A picture containing room

Description automatically generated**OVERTIME REQUEST FORM**

|  |  |
| --- | --- |
| **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)**