



Statement of Willingness to Work Overtime

Employee Name _____

Department _____

Classification _____

Supervisor _____

January through June July through December Year _____

I am willing to accept voluntary overtime for the six-month period stated above if the need for overtime assignments should occur within my equalization unit.

Yes

No

Employee Signature _____ Date _____

Supervisors: Forward a copy of this completed form to the Office of Human Resources, G8 Sutton Hall. Retain the original for your records.