Reques	t for added ho	ours:			
Employee	e name:				
Store #: _		-			
Payroll er	nding:				
Date sent	t to Supervisor:				
	Date:	Shift:	Hours (in decimals)	OT Hours (in decimals)	
Reason fo	or additional hours	::			
Employee	e Signature:				
Manager	Signature:				
Supervisor Signature:					

Special check needed: Yes \_\_\_\_\_ No \_\_\_\_