KANSAS STATE UNIVERSITY
HOLIDAY EMERGENCY OVERTIME REPORTING

Nature of Emergency	
Date and duration:	
Location- city, building:	
Situation that occurred:	

Name of Employee	Employee ID #	Recd#	Position #

Department Name / Number_____

Department Authorization / Date _____

Human Resources Authorization / Date _____

Return form to: KSU Division of Human Resources
103 Edwards Hall
Manhattan, KS 66506