

## Request Authorization for Overtime

Employee Name \_\_\_\_\_

Pay Period Ending \_\_\_\_\_

Department \_\_\_\_\_

	S	M	T	W	TH	F	S	
Date								
Normal Hrs								
*Leave Hrs								
Overtime								
Holiday								
<div style="border: 1px solid black; padding: 5px; width: 100%;"> <i>Acct. Use Only</i> </div>							Total	

Accomplishment:

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form must be attached to the time card in which time period the overtime was earned.  
\*Any leave i.e. sick leave, annual leave, holiday leave and other approval leave.*