

REQUEST AUTHORIZATION FOR OVERTIME

EMPLOYEE NAME _____ PAY PERIOD ENDING _____

DEPARTMENT _____

	S	M	T	W	TH	F	S	
Date								
Normal Hrs								
*Leave Hrs								
OverTime								
							TOTAL	

ACCT. USE ONLY

ACCOMPLISHMENT:

EMPLOYEES SIGNATURE _____ DATE _____

SUPERVISORS 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 approved leave