

## OVERTIME PRE-AUTHORIZATION FORM



### ALL OVERTIME MUST HAVE PRIOR APPROVAL

#### DIRECTIONS:

This form must be completed if working greater than 40 hours in a Standard work week (Saturday—Friday)

1. Complete and submit this form to your supervisor for approval prior to working overtime.
2. Your Supervisor must authorize and indicate the need for overtime.
3. Completed forms must be attached to time sheet for current pay period.

Staff will not be compensated for unapproved (unauthorized) overtime.

#### I. Employee Information

Name: \_\_\_\_\_

Payroll week ending: \_\_\_\_\_

Date(s) to work requested for overtime: \_\_\_\_\_

Amount of overtime requested: \_\_\_\_\_ hrs

#### II. Reason for requested overtime:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### III. Certification/Authorization *Below signatures are required before payment is considered.*

( ) Approved	( ) Disapproved	Supervisor		Date
( ) Approved	( ) Disapproved	Intermediate Supervisor		Date
( ) Approved	( ) Disapproved	Executive / Deputy Director		Date