



## OVERTIME AUTHORIZATION REQUEST FORM

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EMPLOYEE REQUEST (Employee complete, print or type please)

\*\*\*\*\*

Permission is requested for the following named employee to work overtime for reason(s) indicated on the date specified

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

Department or Division: \_\_\_\_\_

Date Worked Overtime: \_\_\_\_\_

Overtime Hours Worked:                      From \_\_\_\_\_                      To \_\_\_\_\_

Overtime Hours Worked:                      From \_\_\_\_\_                      To \_\_\_\_\_

Total Hours Worked:                      Hours \_\_\_\_\_                      Minutes \_\_\_\_\_

***Such compensatory shall be given for involuntary or permitted work beyond the forty (40) hour per work week. Compensatory shall be granted at time and one-half (1.5) for each hour of actual overtime worked. Should there be any type of leave used or time off i.e. (holidays, annual leave, sick leave, etc.) the employee will earn compensatory time hour for hour.***

\*\*\*\*\*

PURPOSE FOR OVERTIME (EXPLAIN)

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

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

SUPERVISORY ACTION:

Employee receiving overtime will have overtime credited to:

COMPENSATORY TIME OFF (CTO)

OR

TIME AND ONE HALF PAY

\*\*\*\*\*

**AUTHORIZATION**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**