



Overtime Authorization Form

☐ Daily ☐ Weekly ☐ Monthly Requesting Office _____

Start Date: _____ End Date: _____ Pay Period _____

Total Hours Requested: _____

Employee Name: _____

Justification: _____

Employee Signature _____ Date: _____

Supervisor Signature: _____ Date: _____

Requested By: _____ Date: _____

Approved By: _____ Date: _____

Disapproved By: _____ Date: _____

Supervisor should retain a copy for their records and record actual hours worked below.

Date Work Performed	Hours Requested	Request Approved by Supervisor (Initial/Date)	Total Actual Hours	Actual In/Out Time

Employee and Supervisor Signature
(Certifying Actual OT/CT Worked)

Employee Signature _____ Date: _____

Supervisor Signature: _____ Date: _____