

OVERTIME AUTHORIZATION FORM

Adoption Date: 5/10/08, 3/9/10, 5/14/14

Revision Date: 4/25/08

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Name _____ Date _____

Job to be Done _____

Reason for Overtime _____

Form Returned: _____
Date

Signature of Worker

Signature of Supervisor

Rate of Pay: _____
Regular

Overtime