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**OVERTIME AUTHORIZATION FORM**

Department \_\_\_\_\_ Date \_\_\_\_\_

Employee \_\_\_\_\_

Hours Authorized \_\_\_\_\_

Reason:

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

Requested by \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_