

Employees must complete this form and obtain prior approval to work overtime. Exceptions can be made when a predefined 'emergency' situation occurs. In those instances, the authorization form must be complete and submitted within one workday of the overtime hours worked.

EMPLOYEE NAME: _____
 Please print

DATE: _____

SCHEDULED/PLANNED OVERTIME

WO#	Phase	Date(s) of Overtime:	
Work Location:		Hours (start/end):	Total OT HRS:

EMERGENCY CALL-IN

WO#	Phase	Work Date:	
Work Location:		Hours (start/end):	Total OT Hrs:
Action taken:			

 Request Approved
 Request Denied

Supervisor:	Date:	Asst Director or Designee:	Date:
<i>If Denied – Reason:</i>			

Comments:
Additional Review: