



Overtime Approval Form

This form should be completed for any overtime worked in excess of 1-hour

Supervisor/Manager: _____

Department: _____

Employee: _____

Program (If applicable): _____

Date: _____

Date(s) of proposed overtime hours: _____

Total number of hours: _____

Account code(s) for billing time: _____

Reason for needing to work more than 40 hours in the proposed week:

Supervisor/Manager Signature: _____

Employee Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

Updated: 11/23