



## 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*