

www.cat-team.org

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 tha	an 40 hours in the proposed week:
Supervisor/Manager Signature:	
Employee Signature:	Date:
Executive Director Signature:	Date:

Updated: 11/23

Family Resource Center 125 North 17th Street

Saint Helens, OR 97051

Fiscal Office 124 North 18th Street Saint Helens, OR 97051 Child & Family Programs

108 West B Street Rainier, OR 97048