



**OVERTIME AUTHORIZATION FORM**

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

Employee \_\_\_\_\_

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

Reason:

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

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

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