Authorization for Overtime To Be Completed by Supervisor

Name of Employee Working Overtime (Print):	
Date Worked:	
Hours Worked:	
GL # of Department Where Overtime Occurred:	
Name of Supervisor Authorizing Overtime (Print):	
Date Overtime Was Authorized by Supervisor:	
Department Director/Department Head	
a. Pre-Authorization Obtained from Department	
Director/ Department Head for Planned	(Date) or
Overtime:	(5)
b. Notification to Department Director/	(Date)
Department Head for Unanticipated	
Overtime:	
Reason for Overtime:	
Reason for Overtime.	
Required Considerations – Must Be Checked:	
A schedule change within the workweek is not an	
acceptable alternative.	
acceptable discrimente.	
Overtime was offered on a rotational basis unless	If special skill required, what is the
special skill was required.	special skill:
Adequate budget is available to support the overtime	If no, attach copy of budget transfer
expense.	request.
Supervisor Signature Authorizing Overtime:	

Send completed form to Cabinet Member, copied to Department Director/Department Head

New Nov 2016 v8 Rev Mar 2019 v10