

Request for and Authorization of Overtime Work

The following employees will be required (or were required under emergency circumstance) to work overtime on the date(s) and for the number of hours shown below. An OT entered indicates overtime should be paid, a CT indicates that the employee requested compensatory time in lieu of payment of overtime.

NOTE: Overtime must be authorized prior to its performance except in cases of an emergency according to current regulations. In this case, the overtime must be authorized the following workday. Overtime actually worked under this authorization for each pay period must be recorded on the back of this form.

Timekeeper No. _____

Pay Period No. _____

Employee's Name/Organizational Unit	Overtime Authorized Est. Hrs/Work Dates	OT/CT	Justification

Title of Requesting Official	Signature of Requesting Official	Date Authorized
Title of Authorizing Official	Signature of Authorizing Official	Date Authorized

Overtime Attendance Report

Division/Branch/Unit _____

Date	Employee Signature	Time In	Meals From/To*	Employee Signature	Time Out	Total Overtime Hours

Title of First Level Supervisor	Signature of First Level Supervisor	Date
Name of Timekeeper	Signature of Timekeeper	Date

*Employees are not paid overtime or compensatory time for meal breaks and must sign in and out for meal breaks taken.