



## OVERTIME AUTHORIZATION FORM

This form must be completed in advance of the overtime work.

<b>Employee Name:</b>		<b>Date:</b>	
<b>Employee ID</b>		<b>Title:</b>	
<b>Department:</b>		<b>Manager:</b>	
<b>Overtime Needed From/To (dates):</b>		<b>Total Overtime (hours):</b>	
<b>Detailed Explanation Why Overtime Is Required:</b>			
<b>Account Number:</b>			
<b>Manager Signature:</b>		<b>Date:</b>	
<b>Senior Leader Signature:</b>		<b>Date:</b>	
<b>Finance Leader Signature:</b>		<b>Date:</b>	
<b>Superintendent Signature:</b>		<b>Date:</b>	