Overtime Authorization Form

Employee Name: _____

Employee Title: _____

Department: Parks & Recreation

Today's Date (Month/Date/Year)**:** _____

Date & Time Overtime Worked:

Date: _____ Time In: _____ Time Out: _____ Total OT Hours: _____

Date: _____ Time In: _____ Time Out: _____ Total OT Hours: _____

Date: _____ Time In: _____ Time Out: _____ Total OT Hours: _____

Date: _____ Time In: _____ Time Out: _____ Total OT Hours: _____

Date: _____ Time In: _____ Time Out: _____ Total OT Hours: _____

Total Overtime Not to Exceed: _____ hours

Please provide a detailed explanation why overtime is/was required:

_____

_____

_____

Comp Time Request (*Complete if you would like OT worked to be paid as compensation time)*

Total Overtime hours: _____ X 1.5 = Total Compensation Time _____

Employee Signature

_____

Date (Month/Date/Year)

_____

Supervisor/Manager Signature

_____

Date (Month/Date/Year)

_____