



OVERTIME REQUEST AUTHORIZATION

Employee: _____ (print) PP: _____

Date and duty time: _____ from _____ to _____ Hrs Per Day _____
date

_____ from _____ to _____ Hrs Per Day _____
date

_____ from _____ to _____ Hrs Per Day _____
date

_____ from _____ to _____ Hrs Per Day _____
date

_____ from _____ to _____ Hrs Per Day _____
date

Total OT hours _____

Justification:

Immediate Supervisor _____ (print name)

Funding Source: _____ (print project name)

Supervisory Approval _____ signature

Date Approved: _____ MUST be prior to date of overtime

FOUNDATION APPROVAL

Executive Director or Designee _____ Date