In accordance with DHRM Policy 3.15, all overtime must be pre-approved prior to an employee working the overtime. To assist in obtaining prior approval, employees and supervisors must complete this form, sign and date it prior to working any overtime.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (print Name) am authorized to work \_\_\_\_\_ hours of overtime for the pay period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Record the start and end date of pay period working the overtime). Example: 07/10-2015-07/24/2015.

If additional overtime is needed in excess of what was requested, an additional overtime authorization form must be completed.

A copy of this authorization form must be retained in the department’s records for review if requested.

Employee Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID# \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID #\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_