



# Overtime Authorization Form

This form should be completed for each day/week for which overtime is requested. The request should be submitted to your supervisor BEFORE working over and above your regular workday/week.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete and get approval BEFORE overtime is worked.**

Amount of overtime requested and date(s):

Specific projects/tasks to be completed:

Reason projects/tasks cannot be completed during regular working hours:

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor

**Complete and submit to supervisor within 24 hours AFTER overtime hours have been worked.**

Actual overtime hours worked, with dates:

Projects/tasks completed during overtime hours:

***I certify that this is a true and correct claim of overtime incurred by me on the above dates.***

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

**Consequences of unauthorized overtime:** Employees who fail to obtain approval prior to working hours that extend beyond their regular workday/workweek will be subject to disciplinary action. Repeated offenses may result in termination.