

# OVERTIME AUTHORIZATION FORM

**EMPLOYEE NAME**

**EMPLOYEE ID**

**DATE FORM COMPLETED**

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**IMMEDIATE SUPERVISOR**

**DEPARTMENT**

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**DATE(S) OF OVERTIME WORK**


**ANTICIPATED NUMBER  
OF OVERTIME HOURS**

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Please provide an explanation of the overtime work to be completed:

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Please provide a justification as to why the work cannot be completed within normal working hours (40 hr/wk):

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**APPROVAL**

**SUPERVISOR NAME**

**SUPERVISOR SIGNATURE**

**DATE OF APPROVAL**

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