AUTHORIZED OVERTIME

WEEK ENDING DATE: _____

ACCOUNT #: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

CLASSIFICATION: _____

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DATE: _____ CR: _____

TIME IN: _____

TIME OUT: _____ SR#: _____

NO. OF HOURS:_____

WORK SITE AND REASON: _____

_____

++

DATE: _____ CR: _____

TIME IN: _____

TIME OUT: _____ SR#: _____

NO. OF HOURS:_____

WORK SITE AND REASON: _____

_____

++

DATE: _____ CR: _____

TIME IN: _____

TIME OUT: _____ SR#: _____

NO. OF HOURS:_____

WORK SITE AND REASON: _____

_____

++

DATE: _____ CR: _____

TIME IN: _____

TIME OUT: _____ SR#: _____

NO. OF HOURS:_____

WORK SITE AND REASON: _____

_____

++

_____ _____

EMPLOYEE'S SIGNATURE DATE **AUTHORIZING OFFICIAL DATE**