

# 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: \_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ CR: \_\_\_\_\_

TIME IN: \_\_\_\_\_

TIME OUT: \_\_\_\_\_ SR#: \_\_\_\_\_

NO. OF HOURS: \_\_\_\_\_

WORK SITE AND REASON: \_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ CR: \_\_\_\_\_

TIME IN: \_\_\_\_\_

TIME OUT: \_\_\_\_\_ SR#: \_\_\_\_\_

NO. OF HOURS: \_\_\_\_\_

WORK SITE AND REASON: \_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ CR: \_\_\_\_\_

TIME IN: \_\_\_\_\_

TIME OUT: \_\_\_\_\_ SR#: \_\_\_\_\_

NO. OF HOURS: \_\_\_\_\_

WORK SITE AND REASON: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
EMPLOYEE'S SIGNATURE      DATE

\_\_\_\_\_  
AUTHORIZING OFFICIAL      DATE