**OVERTIME SHEET**

|  |  |
| --- | --- |
| ORGANIZATION NAME |  |
| DEPARTMENT |  |
| CONTACT INFORMATION |  |
| SUBMIT COMPLETED FORM TO: |  |
|  |  |  |  |  |  |  |  |
| **EMPLOYEE NAME** | **PAY PLAN** | **PAY GRADE** | **OVERTIME START DATE** | **OVERTIME END DATE** | **OVERTIME HOURS \*** | **ELECTED\*\*** | **REQ'D\*\*\*** |
|  |   |   |   |   |   |   |   |
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| **JUSTIFICATION** Provide a description of the work and the reason for overtime. |
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| REQUESTED BY |
| **NAME** | **TITLE** | **DEPARTMENT** | **DATE** |
|   |   |   |   |
|  |  |  |  |  |  |  |  |
| APPROVAL |
| **NAME** | **TITLE** | **SIGNATURE** | **DATE** |
|   |   |   |   |
|  |  |  |  |  |  |  |  |
|  *\* Exclude meal periods* |  | APPROVED |  |
|  *\*\* Employee must initial* |  |  |  |  |
| *\*\*\* Authorized Officer must initial* |  | DISAPPROVED |  |