**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 | | |  |