

DEPARTMENT OF CORRECTIONS OVERTIME AUTHORIZATION

NOTE: ALL OVERTIME MUST HAVE PRIOR APPROVAL OF SUPERVISOR OR OTHER AUTHORIZED AUTHORITY

NOTE: If employee OT is charged to multiple cost center, a separate form must be completed for each.

Employee Name (First/Last): _____

For Period (Month/Year): _____

OT Functional Unit/Cost Center: _____

DATE	REASON	OT HOURS WORKED		Lunch BREAK	TOTAL HOURS	MGR/OIC INITIALS (where applies)
		Start	Stop			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
			TO			
TOTALS						

COMP	HOURS	(Comp option for Non Sec. only)		(fill in no. of hours)
CASH	HOURS			

EMPLOYEE SIGNATURE
(First/Last) (REQUIRED)

FUNCTIONAL UNIT MANAGER
(or designee) (where applies)

MANAGER APPROVAL
(or designee) (REQUIRED)