

Overtime Authorization Form

Name

Position

Department

**Estimated
Costs**

Date of Request

**Date overtime
to be worked**

Number of hours

**Account number
to be charged**

Supervisory or Management Employee's Signature

A copy of this form must be sent to Fiscal Services no later than the end of the calendar month along with a time card showing date(s) paid overtime was accrued.

Reset Form

Print Form