



Authorization for Payment of Overtime

Name:	Social Security #
Department:	Bargaining Unit (circle): 2 4 5 7 9 10

Overtime Hours Worked	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

[illegible]

Pre-Authorized Signature:	Date:
Pre-Authorized Signature:	Date:

Certification of Overtime Worked:		☐ Overtime Hours Worked for Pay
Employee's Signature _____ Date _____		☐ Overtime Worked for CTO
Overtime Authorized by:		Total Premium Hours Worked: _____
Supervisor's Signature _____ Date _____		Total Straight Hours Worked: _____
		Total Callback Hours Worked: _____