

OVERTIME AUTHORIZATION

\_\_\_\_\_  
(Institution Location)

To \_\_\_\_\_,  
(Name of Employee)

You are authorized to work overtime as follows:

Day of Week: \_\_\_\_\_ Date: \_\_\_\_\_, \_\_\_\_\_

Starting: \_\_\_\_\_ Approximate period: \_\_\_\_\_ minutes

Purpose: \_\_\_\_\_

Reasons work cannot be accomplished during regular tours of duty: \_\_\_\_\_

\_\_\_\_\_  
Warden or Authorized Supervisor

In accordance with above authorization I certify I worked the following overtime:

Day of Week: \_\_\_\_\_ Date: \_\_\_\_\_, \_\_\_\_\_

Starting: \_\_\_\_\_ Approximate period: \_\_\_\_\_ minutes

and request: Overtime Pay \_\_\_\_\_  
Compensatory Time \_\_\_\_\_  
(Signature of Employee)

Time verified \_\_\_\_\_ (supervisor's initial)

(To be used where not authorized  
in advance by Warden)

Approved:  
\_\_\_\_\_  
Warden

Instructions:

- (1) Where several employees authorized, use reverse side and insert in space for "name of employee" the words 'per names and periods on reverse side.'
- (2) "Authorized Supervisor" in accordance with written delegation of authority at institutional level per regulations.
- (3) To be prepared in Original only, processed in accordance with institutional regulations and filed in payroll folder.

