## **AUTHORIZATION for ADDITIONAL WORK/OVERTIME**

Name	Date	
Job to be done		
Reason for Additional Work/Overtime		
Employee's Signature		
Immediate Supervisor's Signature	_	
Regular Hourly Rate of Pay		
Overtime Rate (time and a half to be paid only in excess of 40 work hours in the workweek)		

This form, properly completed and signed, must be attached to the employee's next timesheet so that the appropriate pay adjustment can be received as quickly as possible.