OVERTIME AUTHORIZATION AND TIME WORKED

EMPLOYEE'S NAME: _____

ADVANCE APPROVAL OF OVERTIME ASSIGNMENT:

Number of hours: _____ To be worked on: _____ date(s) time(s)

_____ date(s) time(s)

Method of compensation: ☐ Payment ☐ Compensatory Time Off

Reason for overtime: _____

_____

Overtime authorized by: _____ Signature date

REPORT OF ACTUAL OVERTIME WORKED:

Number of hours worked: _____ Worked on: _____ date(s) time(s)

_____ date(s) time(s)

_____ Employee's signature

_____ Department approval signature

D1371 (7/79) CALCODE 71461-132