EXTRA HOURS REQUEST/AUTHORIZATION FORM

EMPLOYEE NAME: ___________________________________________ DATE: _____________________

TITLE: ____________________________ WORKSITE: __________________________

REASON FOR REQUEST: __________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

DATE(S) WORK IS TO BE PERFORMED: _____________________________________________

ESTIMATED NUMBER OF HOURS: _________________________________________________

Employees working extra hours may elect to receive reimbursement in the form of TIME or PAY. Time worked beyond 7.5 hours per day will be earned at time and a half.

EMPLOYEE’S PREFERENCE IS:    * TIME ☐  ** PAY ☐

Employee’s Signature ___________________________ Date ___________________________

APPROVED AS:    * TIME ☐  ** PAY ☐

Supervisor’s Approval ___________________________ Date ___________________________

Actual Hours worked: ____________________________

Employee’s Signature ___________________________ Date ___________________________

Supervisor’s Approval ___________________________ Date ___________________________

* If requesting to be reimbursed in the form of time, please submit a copy of this form to the Human Resources Department when completed.

** If requesting to be reimbursed in the form of pay, a copy of this authorization must be attached to a completed time sheet with appropriate signatures for payment.