



OVERTIME REQUEST/APPROVAL FORM

DEPARTMENT:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> EXECUTIVE | <input type="checkbox"/> FINANCE |
| <input type="checkbox"/> LEGAL | <input type="checkbox"/> LIBRARY | <input type="checkbox"/> METER PATROL |
| <input type="checkbox"/> POLICE | <input type="checkbox"/> PUBLIC WORKS | <input type="checkbox"/> RECREATION |
| <input type="checkbox"/> SOLID WASTE | <input type="checkbox"/> STORM WATER | <input type="checkbox"/> TOURIST BUREAU |
| <input type="checkbox"/> TOWN CLERK | <input type="checkbox"/> WATER & SEWER | <input type="checkbox"/> OTHER: _____ |

This form is to be used to request and approve overtime. The employee must anticipate and request overtime for approval prior to the beginning of overtime work. The Department Head will keep completed form in his/her file and then include it in that pay period's regular time and attendance records sent to the Payroll Department. Please note that emergency situations will require an explanation by the employee and Director.

EMPLOYEE NAME: _____	POSITION: _____
DATE OF OVERTIME WORK: _____	# OF HOURS: _____
ACCOUNT TO BE CHARGED: _____	

EXPLANATION (Reason why overtime is/was necessary)

FOR APPROVAL:

Department Head (Signature)

Date

Department Head (Print)