

Employee Name:

## **OVERTIME HOURS AUTHORIZATION**

Normal Weekly Hours:From (date):				artment Manag	er:			
				date):				
Notes:								
<ul> <li>Enter total overtime hour</li> <li>Enter how many hours ar</li> <li>Please refer to Non-Union</li> </ul>	e to be paid at re	gular rate and ho				e.		
Week Start and End Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
						Total Overtime Hours:		
mplovee Signature Date						No. of Hours at Reg Time:		
mployee Signature						No. of Hours at x1.5  No. of Statutory Hol Hrs (x2.0)		
Manager/Supervisor Approval	nroval		-		ļ			

Employee ID: