



**Senior Service America, Inc.**  
 Senior Environmental Employment (SEE) Program  
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**OVERTIME WORK AUTHORIZATION**  
 Use one form per week

**Part A: PRE - AUTHORIZATION** (*Monitor completes before Enrollee performs overtime work*)

Name of Enrollee: \_\_\_\_\_

Position: \_\_\_\_\_ Work location \_\_\_\_\_

Expected date / duration of overtime work:

Date: \_\_\_\_\_ AM: \_\_\_\_\_ to \_\_\_\_\_ PM: \_\_\_\_\_ to \_\_\_\_\_  
 Date: \_\_\_\_\_ AM: \_\_\_\_\_ to \_\_\_\_\_ PM: \_\_\_\_\_ to \_\_\_\_\_

Purpose of work: \_\_\_\_\_

Program / funding source charged for work: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
*(Monitor's Signature)*

Authorized by: \_\_\_\_\_  
*(Please print Monitor's Name)*

**Part B: OVERTIME WORK PERFORMED** (*Enrollee and Monitor complete after authorized work has been performed*)

Dates overtime work performed:

Date: \_\_\_\_\_ AM: \_\_\_\_\_ to \_\_\_\_\_ PM: \_\_\_\_\_ to \_\_\_\_\_  
 Date: \_\_\_\_\_ AM: \_\_\_\_\_ to \_\_\_\_\_ PM: \_\_\_\_\_ to \_\_\_\_\_

Enrollee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monitor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO RECEIVE CREDIT FOR OVERTIME WORK**  
 Please attach this completed form to your timesheet for the applicable pay period.