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.