

PITTSYLVANIA COUNTY
Overtime/Compensatory Authorization Request Form

Date: _____

Employee Name: _____

Reason for Overtime (check one)

- Due to additional work or deadlines Due to emergency situation
 Due to staff shortages, vacations or sick leave
 Other _____

Detailed Explanation Why Overtime is Required:

Date(s)	Times	Description	Hours

Requested: Overtime Compensatory time Straight time

Employee's Signature

Date

I certify that this information is true, accurate and complete. You must have approval from your supervisor in advance, when possible, to work any overtime. Employees who fail to obtain approval prior to working hours that extend beyond their normal 40-hour workweek will be subject to disciplinary action. Repeated offenses may result in termination.

Department Supervisor: Approved Not Approved

Account to be charged: _____

Director/Supervisor Signature

Date

Reviewed by: Human Resources / Payroll

Date

Submit completed form with the employee's monthly timesheet to payroll for processing.