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	I:	I:	I:	I:	I:	I:	I:	V	
	O:	O:	O:	O:	O:	O:	O:	S	
SPECIFY LEAVE USED & HRS								H	
TOTAL HRS WORKED								T	

VERIFICATION OF OVERTIME

TO BE PAID OVERTIME, OVERTIME ***MUST*** BE VERBALLY APPROVED ***IN ADVANCE*** BY YOUR SUPERVISOR OR THE SUPERVISOR OF THE DEPARTMENT FOR WHICH YOU ARE WORKING.

<i>YOUR NAME</i>	<i>REASON PER DAY</i>	<i>DATE(S)</i>	<i>HOURS</i>			<i>APPROVED BY</i>
WEEK 1						

<i>YOUR NAME</i>	<i>REASON PER DAY</i>	<i>DATE(S)</i>	<i>HOURS</i>			<i>APPROVED BY</i>
WEEK 2						

<i>YOUR NAME</i>	<i>REASON PER DAY</i>	<i>DATE(S)</i>	<i>HOURS</i>			<i>APPROVED BY</i>
WEEK 1						

<i>YOUR NAME</i>	<i>REASON PER DAY</i>	<i>DATE(S)</i>	<i>HOURS</i>			<i>APPROVED BY</i>
WEEK 2						

MY SIGNATURE BELOW INDICATES THAT THE HOURS WORKED ARE TRUE AND CORRECT

EMPLOYEE'S SIGNATURE_____

DATE_____

EMPLOYEE'S SIGNATURE_____

DATE_____

SUPERVISOR'S SIGNATURE_____

DATE_____

CHIEF EXECUTIVE OFFICER'S SIGNATURE_____

DATE_____

6/1/99 REVISED