



OVERTIME PRE-APPROVAL AND COMPLETION FORM

Employee: _____ 900 #: _____

STEP 1: DESIGNATION OF OVERTIME ASSIGNMENT

☐ *Comp-time requested?*

Important Instructions:

- All overtime must be pre-authorized PRIOR to overtime worked; Employee and Supervisor complete Step 1

➤ Reason for Overtime: _____

➤ Approximate Hours Needed: _____

➤ Employee Signature: _____ Date: _____

STEP 2: AUTHORIZATION OF OVERTIME ASSIGNMENT

To be completed by District

Supervisor Approval Date: _____

Vice President Approval Date: _____

Fiscal & Financial Services Director/Designee Date: _____ OT ☐ Comp ☐

Funding Source: _____ Comments: _____

Date*	Start Time*	End Time*	Reason*	FOAP Required (To be Completed by F&FS)
Total Hours*				*To be completed by Employee after completing pre-approved overtime assignment.

STEP 3: VERIFICATION OF OVERTIME COMPLETED

CBO Approver Signature: _____ Date: _____