

Overtime Authorization Form

Name:			From (mm/dd/yyyy):	
Camp or Dept.:			To (mm/dd/yyyy):	
N	Date	Description	Hours	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
Total				

_____ SIGNATURE

_____ DATE SUBMITTED

_____ APPROVED BY

PLEASE SUBMIT WITH THE TIMESHEET. IN ORDER TO BE PROCESSED IN TIME THIS FORM NEEDS TO BE APPROVED BY SITE SUPERVISOR OR CAMP MANAGER.