OVERTIME REQUEST/APPROVAL

Date: _____

☐ Payment* ☐ Compensatory time

Name: _____ Employee ID: _____

Job title: _____ Authorized for overtime: _____

Work location: _____ Division/Section/Unit: _____

Supervisor: _____ Appointing Authority: _____

Regular days off: _____ Regular work hours: _____

DATE M/D/Y	TIME BEGAN AM or PM	TIME ENDED AM or PM	HOURS *Use decimal point Example (8.0)*		STANDBY	CALL BACK	REASON FOR OVERTIME
			Estimated	Actual			
/ /	:	:					
/ /	:	:					
/ /	:	:					
/ /	:	:					
/ /	:	:					
/ /	:	:					
/ /	:	:					
/ /	:	:					
/ /	:	:					
/ /	:	:					
Posted by:		**TOTAL**			Meal break taken?	☐ Yes ☐ No ☐ 1 hr ☐ 30 min	

Minutes	Tenths	Minutes	Tenths	Minutes	Tenths	Minutes	Tenths	Minutes	Tenths
1-6	.1	13-18	.3	25-30	.5	37-42	.7	49-54	.9
7-12	.2	19-24	.4	31-36	.6	43-48	.8	55-60	1.0

I certify that this is a correct claim incurred by me and that no payments have been received by me on account thereof.

_____ _____

Signature Date

Indicate call back (CB) or shift differential (SD).

_____ _____ _____

Authorized for payment Date Funds Available - Fiscal Authority

*Must conform to MSRs and any applicable Collective Bargaining Agreements.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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