SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

OVERTIME AUTHORIZATION

Except in emergencies, all overtime must receive prior approval. Overtime Authorization forms must be completed and submitted to the authorizing supervisor within 1 working day of overtime accrual.

Staff Initials

EMPLOYEE _____ DATE OF OVERTIME _____

DIVISION WORKED _____

FROM _____ A.M. P.M. TO _____ A.M. P.M. TOTAL HOURS _____

REIMBURSEMENT REQUESTED: ☐ PAY ☐ COMPENSATORY TIME

REASON FOR OVERTIME (check all that apply):

☐ PLANNED ☐ UNPLANNED, explain: _____

PRIOR APPROVAL? ☐ YES ☐ NO If, "YES", from whom & date: _____

If "No", explain: _____

☐ RECURRING ☐ ONE-TIME

☐ COVER REGULAR SHIFT ☐ EXTENSION OF REGULAR SHIFT

☐ OTHER _____

STAFF SIGNATURE DATE APPROVAL SIGNATURE DATE

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HR004 (revised 2/07) Human Resources Page 1 of 1