

Overtime Authorization Form

Let the good times roll!

For which services is the OT being authorized?

For how long are you authorizing the OT?

Name

Title

Email

Phone

I hereby authorize the aforementioned overtime.

This overtime is paid for minutes/hours worked in excess of the original contracted time frame. I understand that I will be billed at the same and previously agreed upon rate per hour.

I also certify that I have the authorization to contract for overtime payment.

Signature