

Columbia State Community College  
**OVERTIME AUTHORIZATION**  
(Please Print)

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department \_\_\_\_\_ Employee ID# A \_\_\_\_\_

**You are hereby requested and authorized to work overtime as indicated below:**

	<b>Date Worked</b>	<b>Time Period</b>	<b>Reason for Overtime</b>	<b>Leave Taken</b>
<b>Sunday</b>				
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date