

**OVERTIME JUSTIFICATION AND DOCUMENTATION FORM**

*Please turn form in daily*

**DATE REQUESTING:** \_\_\_\_\_

**REASON FOR OVERTIME / WORK TO BE COMPLETED:**

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**Hours needed:**

**Employee(s) working overtime:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Inmate labor:        Yes / No**

|   |                    |
|---|--------------------|
| <b>Requesting Supervisor:</b> _____       | <b>Date:</b> _____ |
| <b>Director:</b> _____                    | <b>Date:</b> _____ |
| <b>Deputy County Administrator:</b> _____ | <b>Date:</b> _____ |

