

H.C.A.R. Overtime Request

Employee Name:

Additional work hours requested on:

Date:

From the hours of:

to the hours of:

Additional hours needed to be worked for the following reason(s):

(Must include client name and why additional hours are needed beyond your scheduled work time)

I understand that:

1. I will only be paid at an overtime rate if I work more than 8 hours in one workday, more than six days in any work week, or more than 40 hours in one work week;
2. A separate written request is required for each occasion that I request overtime;
3. My overtime request must be approved by the Executive Director or their assigned designee before I work the additional hours.

Employee Signature:

Date:

For Employer Use Only

Check One:

Your overtime request has been approved

Your overtime request has been denied

Executive Director/Designee Signature:

Date:

Cc: Employee, Supervisor, Fiscal, Employee File - HR