



CHARLES COUNTY GOVERNMENT
DEPARTMENT OF EMERGENCY SERVICES



OVERTIME AUTHORIZATION REQUEST(S)

EMPLOYEE NAME: _____ ID#: _____

DATE WORKED: _____ TIME FROM: _____ TO: _____ # OF HOURS WORKED: _____

DIVISION: _____ ASSIGNMENT: _____ COMPENSATION: _____

REASON FOR OVERTIME REQUEST: _____

APPROVED DENIED SUPERVISOR'S SIGNATURE _____ ID# _____

ACCOUNT: _____ Revised 09/02/18

DATE WORKED: _____ TIME FROM: _____ TO: _____ # OF HOURS WORKED: _____

DIVISION: _____ ASSIGNMENT: _____ COMPENSATION: _____

REASON FOR OVERTIME REQUEST: _____

APPROVED DENIED SUPERVISOR'S SIGNATURE _____ ID# _____

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REASON FOR OVERTIME REQUEST: _____

APPROVED DENIED SUPERVISOR'S SIGNATURE _____ ID# _____

ACCOUNT: _____ Revised 09/02/18

EMPLOYEE'S SIGNATURE: _____ DATE: _____