

OVERTIME AUTHORIZATION REQUEST	
EMPLOYEE:	DEPARTMENT:
DATE/S REQUESTED: _____	(Check <u>one</u>)
HOURS REQUESTED: _____	PAYMENT REQUESTED* <input type="checkbox"/>
	COMP TIME REQUESTED <input type="checkbox"/>
Justification:	
<input type="checkbox"/> APPROVED Signed: _____ <input type="checkbox"/> Original to Finance Office <input type="checkbox"/> DENIED Department Head or First Selectman <input type="checkbox"/> Copy to First Selectman	
*Non-Union supervisory positions are exempt from overtime payment per Personnel Rules and Regulations	

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