

DEPARTMENT OF PUBLIC WORKS AND ENGINEERING OVERTIME FORM

Employee Name

Employee Number

Division/Branch

No. of Overtime Hours (Hours Worked In
Excess of 40 Hours) Requested

No. of Hours Approved

No. of Overtime Hours Actually
Worked

WORK PERFORMED

REASON UNABLE TO COMPLETE WORK DURING REGULAR WORKWEEK

OVERTIME WORKED

Dates of Workweek In Which Overtime Was Worked

Beginning Date (Sat.)

Ending Date (Fri.)

Date Overtime Worked _____

Overtime Hours Worked _____

Regular Shift Hours From _____ To _____

Hours of Shift on Date Overtime Worked From _____ To _____

***** Hours worked per day in excess of regular schedule is NOT overtime if the employee works 40 or less hours in that workweek.**

UNAUTHORIZED OVERTIME : No. of Overtime Hours Worked Without Prior Authorization _____

REASON OVERTIME WORKED WITHOUT PRIOR AUTHORIZATION

_____ Emergency (Situation or condition resulting in immediate harm, damage or destruction to persons or property)

_____ Departmental or City of Houston Policy. Please list Policy Number or identify.

_____ Other, please explain.

I certify that the information provided by me is true and correct.

Employee Signature

Date

Time Submitted

I certify that the information received and approved by me is true and correct.

Supervisor Signature

Date

Time Submitted

Deputy Director/Designee Signature

Date

**ATTACHMENT A (Policy 3-26)
Revised 4/09/2001**