



# CITY OF HOUSTON



Houston Public Works  
Overtime Authorization Request Form

**Prior Authorization:**

Supervisor:		Date:	
Division:		Cost Center:	
Employee Name:		Employee Number:	

Date Overtime Worked	Begin Time	End Time	Total Hours

<input type="checkbox"/> Schedule Work (SW)	<input type="checkbox"/> Emergency Work (EW)	<input type="checkbox"/> Accrued Comp-Time (OW)
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Task or Work Assigned :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description of work:		
Task or Work Accomplished:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, why (state reason):		
<b>Bill To:</b>		

Date Overtime Worked	Begin Time	End Time	Total Hours

<input type="checkbox"/> Schedule Work (SW)	<input type="checkbox"/> Emergency Work (EW)	<input type="checkbox"/> Accrued Comp-Time (OW)
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Task or Work Assigned :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description of work:		
Task or Work Accomplished:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, why (state reason):		
<b>Bill To:</b>		

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISOR SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DIVISION MANAGER**

\_\_\_\_\_  
**DATE**

