



# Prior Approval for: Overtime or CTO

TO: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_

REQUEST PRIOR APPROVAL FOR:

Overtime     CTO

Begin and End Date(s):
Time (From – To):
Maximum Hours:
Reason and/or Duties and Responsibilities to be Performed:
Deadline Date to Complete Duties and Responsibilities:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved (Supervisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disapproved (Supervisor)

\_\_\_\_\_  
Date