

Fairbanks Native Association Overtime Authorization Form

This form must be faxed to HR as soon as the overtime is worked. In the case of overtime for emergency shift coverage, this form must be faxed to HR by the next working day. Fax to 456-1423.

Employee Name: _____

Program: _____ Pay Period Ending Date: _____

Please use a separate form for each incident of overtime.

Date of Overtime	Overtime Hours Worked	Reason for Overtime	If replacing an absent employee, who are you replacing.
<i>Example: 6-25-05</i>	<i>5:00 pm – 8:00 pm 3Hours Total</i>	<i>Shift coverage-John called in sick.</i>	<i>John Smith</i>

Employee Signature: _____

Supervisor Signature authorizing overtime: _____

Rec'd By HR: _____	Reviewed By HR: _____
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Cc: HR File