MANDATORY OVERTIME DOCUMENTATION FORM
PART I

Employee Name: _______________________________  Title: ________________

1. Description of why overtime was necessary:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. Calendar day and date of request:
Please check the day:

[ ] Sun  [ ] Mon  [ ] Tues  [ ] Wed  [ ] Thurs  [ ] Fri  [ ] Sat

, __________, ____, 20__
Month    Day    Year

Work unit/area where overtime was needed: ______________  Shift: ______________

Total number of hours of mandatory overtime*: ____________________.

* In the case of mandatory overtime, the employee shall be provided the necessary time, up to a maximum of one (1) hour, to arrange for the care of the employee’s minor children, or elderly or disabled family members.

3. Total number of staff contacted: ______________

COMMENTS/NOTES:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Agreed:  Employee Signature  Date

Authorized:  VP/Department Manager  Date
MANDATORY OVERTIME DOCUMENTATION FORM
PART II

TO BE COMPLETED BY AUTHORIZED STAFF MEMBER IN COORDINATION WITH OVERTIME FORM – PART I

EMPLOYEE NAME: ________________________________

DATE OF REQUEST: ________________________________

Description of reasonable efforts exhausted prior to requiring overtime (please detail efforts or attach documentation):

Volunteers requested:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

List of employee volunteers contacted:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Per Diem staff contacted:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Agency staff contacted:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Authorized: VP/Department Manager Signature ____________________________

Date ____________________________