

OFFICE OF JUVENILE JUSTICE OVERTIME FORM

Employee Name: _____
(Please Print)

ISIS HR #: _____

Please circle Unit: Central Office Field Services BCCY SCY SCYC

Date	# of hours	Time	Reason

I certify that I have worked the hours recorded above:

Employee Signature

Date

I certify that the hours recorded above are correct:

Supervisor Signature

Date

***Required only if overtime is being paid**

Appointing Authority/Designee

Date

_____ Approved _____ Disapproved