

ROSEBUD COUNTY
OVER-TIME REPORT

NAME: _____

This form must be turned in to the Commissioners for approval prior to the end of the current pay period.

Date Overtime Earned	Number of Hours	Reason for Overtime Hours

Multiple days may be placed on one form as long as they are all in the same pay period.

SUPERVISOR

As the employee's supervisor, I have been given notice and granted permission prior to the need to work over the regularly scheduled work hours.

APPROVED _____ DISAPPROVED _____

SUPERVISOR'S SIGNATURE

APPROVED _____ DISAPPROVED _____

COUNTY COMMISSIONER'S SIGNATURE