NAVAJO COUNTY
AUTHORIZATION OF OVERTIME

EMPLOYEE NAME: _____ **HOURLY RATE:** _____

DEPARTMENT: _____ **TOTAL OVERTIME HOURS:** _____

REASON FOR OVERTIME: _____

_____

EMPLOYEE'S NORMAL WORKWEEK BEGINS EACH:

- ☐ SUNDAY AT 12:01 AM, **or**
- ☐ FRIDAY AT 12:01 PM, **or**
- ☐ OTHER (*specify*): _____

EMPLOYEE'S NORMAL WORK DAY IS:

- ☐ 8:00 AM - 5:00 PM MONDAY thru FRIDAY, **or**
- ☐ Specify Normal Work Hours and Workdays: _____

THE ABOVE HOURS INCLUDE A DAILY, DUTY-FREE LUNCH PERIOD OF 1 HOUR OR ½ HOUR, PER DEPARTMENT SCHEDULE

HOURS WORKED
THIS SECTION MUST BE COMPLETED

WORKWEEK DATES: From _____ To _____		**# of HOURS WORKED**	**# HRS LEAVE TAKEN** (specify): Annual (A) Sick (S) Personal (P) Holiday (H)		**WORKWEEK DATES:** From _____ To _____		**# of HOURS WORKED**	**# HRS LEAVE TAKEN** (specify): Annual (A) Sick (S) Personal (P) Holiday (H)
DAY (i.e. Mon, Tues)	**DATE** (mm/dd/yy)				**DAY** (i.e. Mon, Tues)	**DATE** (mm/dd/yy)		

IT IS THE POLICY OF NAVAJO COUNTY THAT ALL OVERTIME HOURS WILL BE COMPENSATED AT ONE-AND ONE-HALF TIMES THE HOURLY RATE OF PAY FOR EACH HOUR WORKED IN EXCESS OF 40 HOURS IN AN ESTABLISHED WORK WEEK. IF OVERTIME WORKED IS TO BE COMPENSATED WITHIN THAT SAME WORKWEEK, AN EMPLOYEE MAY BE GRANTED COMPENSATORY TIME OFF ON AN HOUR-FOR-HOUR BASIS.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

DEPARTMENT DIRECTOR/ELECTED OFFICIAL SIGNATURE: _____