

UTAH COUNTY PUBLIC WORKS DEPARTMENT OVERTIME/COMPENSATION AUTHORIZATION

Division _____ Payroll Period: From _____ To _____ # _____

Employee _____

WEEK ONE							WEEK TWO							CHOICE OF OVERTIME/COMPENSATION	
S	S	M	T	W	T	F	S	S	M	T	W	T	F		

Reason For Overtime: _____ Project #: _____

Employee Approval: _____

**I authorize the overtime of the above employee and approve
the method of compensation described.**

Department Head
Approval: _____