SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION

ATTN: Payroll Department

AUTHORIZATION FOR OVERTIME FOR THE MONTH_____Year_____

Name: _____ Emp ID #_____

Charge Account Line: _____

Date	Reason Overtime Required	Hours
	Total Hours	

I certify this claim is a true statement of overtime worked.

_____ _____

Employee Signature **Authorized Signature**

FOR PAYROLL DEPARTMENT ONLY

Hourly Rate_____ Overtime Rate_____X Hours_____ = $_____