



SEWARD COUNTY COMMUNITY COLLEGE

OVERTIME AUTHORIZATION

Employee: _____

Employee SSN: _____ Today's Date: _____

Week(s) Overtime Occurred: _____

Event(s): _____

Hours Requested Paid: _____ REG rate OT rate

Hours Requested Paid: _____ REG rate OT rate

APPROVED BY:

Supervisor's Signature Date

Administrator's Signature Date



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