

## The Tulalip Tribes Over Time Authorization Sheet

Permission is requested for the following named employee to work overtime  
for the reason(s) indicated on the date specified:

Name: \_\_\_\_\_ Pay Period Ending: \_\_\_\_\_  
Dept: \_\_\_\_\_ Status: \_\_\_\_\_

<u>Date</u>	<u>Overtime Hours Worked</u>	<u>Total</u>
	From: To:	
<b>TOTAL:</b>		0
<u>Purpose for Overtime (Explain):</u>		

**Supervisory Action:**

**Employee Receiving Overtime will have Overtime credited to:**

( ) Compensatory Time Off (CTO) or ( ) Time and One-Half Pay

**Authorization:**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Executive Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_