



**STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND
PUBLIC FACILITIES**

REQUEST FOR OVERTIME AUTHORIZATION

LOCATION: _____ **DIVISION:** _____ **SECTION:** _____ **DATE:** _____

TO: _____ **FROM:** _____

Division or District Head

Supervisor

PROJECT NUMBER: _____

(Construction or Location only)

Authority is requested for overtime authorization for a total maximum of _____ hours, beginning _____ and ending _____ not to exceed 31 days for the following employees:

NAME	CLASSIFICATION	ASSIGNMENT OR ACTIVITY

Reason for request: _____

Supervisor will be prepared to justify all overtime worked upon audit. Actual overtime worked by any of the above employees will be only that which is absolutely necessary to accomplish the task.

Signed _____
Supervisor

NAME	TITLE	DATE	APPROVED	DISAPPROVED

(Approval Authority - Division Head)