

State of New Jersey
Department of Children and Families

OVERTIME AUTHORIZATION REQUEST FORM

Employee's Name: _____ Date of Request _____

Office Name & Cost Center: _____

SPIRIT Case ID # (if applicable): _____

Reason for Overtime:

Field Work

- Investigation
- Case Emergency
- Placement
- MVR
- Transportation
- Visitation
- Out of State Travel
- Buddy
- Other

Office Work

- Court
- Placement
- Special project
- Other

Other/comments: _____

Date to work overtime: _____ Are you requesting a Buddy? (circle) Yes No

Were the Human Services Police involved? (circle) Yes No

Request OT to Begin: _____ am/pm Request OT to End: _____ am/pm (actual time to be completed below)

Date(s) when any earned compensatory time will be used: _____

Note: If you are scheduled to work SPRU (including Buddy)/SCR on the day of requested overtime, notify the SPRU Coordinator as OT and SPRU payments may not be earned for the same time period.

Worker _____ (Date) Supervisor _____ (Date)

Cost Center Manager/Local Office Manager(Date) _____

Below must be completed by the supervisor the next working day after the overtime was worked

Actual OT Begin Time: _____ am/pm Actual OT End Time: _____ am/pm Total hrs ____

Buddy Assigned: _____ Supervisor's Signature: _____

Was overtime conducted on the weekend? (circle) Yes No

All overtime must be pre-approved; in an emergent situation approval must be completed the next working day.