

**SERVING CHILDREN AND ADULTS IN NEED, INC.
 AUTHORIZATION FOR SALARIED EMPLOYEES
 TO WORK MORE THAN 8 HOURS IN A DAY**

Employee Name: _____ Employee ID #: _____

Program: _____

To Be Completed by Employee:

Date Worked Over 8 hours	
Exact Amount of Time Worked over 8 hours	Hours _____ Minutes _____
Reason(s) for Working Over 8 Hours:	
Did you call your Supervisor to get prior approval to work overtime? _____ YES _____ NO	
If No, give a detailed explanation _____ _____ _____	

I attest that the changes requested accurately and completely reflects all time worked and that no hours were worked that do not show up in this request.

Employee's Signature

Date Signed

To Be Completed by Supervisor:

Reason(s) for Authorizing or Disapproving. If Approved list plan for assuring employee does not work over 40 hours in the week:

Supervisor's Signature

Date Signed

Note: Disapproving doesn't mean you can deduct the time worked from the employee on the Time Management System. This issue must be immediately addressed as a disciplinary issue.

Submit completed Authorization form to SCAN's HR Department no later than next business working day.