

**MORGAN COUNTY, ALABAMA**  
**OVERTIME REQUEST**

Date Of Request: \_\_\_\_\_  
(Elected Off/Dept Head)

Duty Status: OVERTIME

Employee Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Department/Office: \_\_\_\_\_

Requested Hours _____	Date of Overtime Work: _____
Requested Hours _____	Date of Overtime Work _____
Requested Hours _____	Date of Overtime Work _____
Requested Hours _____	Date of Overtime Work _____
Requested Hours _____	Date of Overtime Work _____
Requested Hours _____	Date of Overtime Work _____
Requested Hours _____	Date of Overtime Work _____
Requested Hours _____	Date of Overtime Work _____
Requested Hours _____	Date of Overtime Work _____
Requested Hours _____	Date of Overtime Work _____

Justification for Overtime: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved By: \_\_\_\_\_  
(Elected Official/Department Head)                      Date

This completed form must accompany the departmental payroll for period in which the overtime time was earned.