

STONEY TRIBAL ADMINISTRATION
Overtime Authorization Form [New – Aug/15]



Date submitted:	Last name (print):
Department:	Given names & initials:
Pay Period:	Employee/Band #:

Check/complete appropriate box

- Overtime Compensation Category Time off in Lieu (Banked Time)
 Overtime Wages

Date Overtime Occurred	Reason for Overtime	Total Hours

Employee's signature	DATE	PAYROLL USE ONLY
Supervisor's signature	DATE	