



ABBEVILLE COUNTY OVERTIME REQUEST

EMPLOYEE NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

DATES OF REQUEST: _____ to _____

ESTIMATED NUMBER OF OVERTIME HOURS _____

Are funds available? Yes No

Explain in detail the purpose of this request and the need for your overtime approval:

All overtime requests must be approved by the department head and the County Director. This completed and signed form must be attached with timesheets for the applicable pay period.

Dept. Head: _____ Date: _____

County Director: _____ Date: _____