

Office Of The Treasurer/Tax Collector

City and County of San Francisco

P.O. Box 7426 San Francisco, CA 94120-7426



José Cisneros, Treasurer

Phone: (415) 554-4478

PAID OVERTIME/COMP TIME AUTHORIZATION

Use one form for each week.

Employee Name: _____ Class: _____

Overtime requested for week beginning on Saturday, _____

Estimated number of overtime hours to be worked during week: _____

Nature of work and justification: _____

| Day | Date | Hours Worked |
|-----------|------|----------------------------|
| Saturday | | |
| Sunday | | |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| | | TOTAL HOURS WORKED: |

Employee signature: _____ Date: _____

I waive my right to paid overtime and agree to accept Compensatory Time in Lieu thereof.
Employee's initials _____

Supervisor's
Approval _____ Date _____

Senior Management
Approval _____ Date _____

Note: As per San Francisco Administrative Code, Section 18.13 **NO** employee may accrue more than 333 hours of paid overtime or OE during any fiscal year