

# 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		
		<b>TOTAL HOURS WORKED:</b>

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