



**Prince George Fire, EMS, and Emergency Management**  
**Overtime/Compensatory Time Approval**

Name:

Overtime Date:

Start Time:

End Time:

Hours:

Compensation:

Reason for Overtime:

Explanation:

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor

Approved ( ) Denied ( )

Date: \_\_\_\_\_

\_\_\_\_\_  
Director

Approved ( ) Denied ( )

Date: \_\_\_\_\_