

**MIT ACADEMY**  
**Overtime Pre-Authorization**

Name: \_\_\_\_\_

Purpose of Overtime (including anticipated hours needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s): \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Total Overtime Hours Authorized: \_\_\_\_\_

\_\_\_\_\_  
Director Approval

\_\_\_\_\_  
Date