

## ESSENTIAL EMPLOYEE TIME AUTHORIZATION

Pay Period Ending \_\_\_\_\_

Employee \_\_\_\_\_

Department \_\_\_\_\_

### Administrative Pay During An Emergency Closing (Hours are paid at straight time, up to eight hours )

Week One	WED	THUR	FRI	SAT	SUN	MON	TUES	Total Hours
	_____	_____	_____	_____	_____	_____	_____	_____
Week Two	WED	THUR	FRI	SAT	SUN	MON	TUES	Total Hours
	_____	_____	_____	_____	_____	_____	_____	_____

Reason:

Once you've completed the form, please **print, sign, then submit to Human Resources via interdepartmental mail.**

Approved By: \_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Department Head**

\_\_\_\_\_  
Date

Note: This approved essential employee administrative pay authorization form must be submitted to the Office of Human Resources in order to be processed for payment. Normally, these payments are included in the paycheck for the pay period next following the pay period in which the work was done.