



South Central Missouri Community Action Agency

Approval for Work Outside Normal Hours

Today's Date _____

Staff/s Name _____
(add additional information if needed)

Staff/s Position _____ Staff/s Work Location _____

Date and day of week staff/s will be working _____

Explanation of staff/s person working outside normal working hours _____

Will this time be adjusted? _____ Yes _____ No

If no, why can hours not be adjusted? _____

Will this result in overtime? _____ Yes _____ No

If yes, how many hours of overtime? _____

Site Supervisor/Other Staff Request Date

Approval by Program Director Date

HR Director Notification Date

Central Office Notification Date

Fiscal Office Notification Date