

St. Clair County Community Mental Health Authority

**Overtime Documentation**

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STAFF NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY OVERTIME BECAUSE OF (Check One):

- ☐ After-hour crisis response with a consumer/family.
- ☐ Emergency assessment and/or PCP meeting.
- ☐ Grant/Project due with tight time frames that has funding implications.
- ☐ Emergency billing and computer system problems.
- ☐ Clerical or professional staff work on special projects/case records that have funding/billing implications or quality care of consumer's issues.
- ☐ Supervisor requires you to work over on an unplanned project/issue.
- ☐ On-Call
- ☐ Other: \_\_\_\_\_

NUMBER OF HOURS REQUESTED: \_\_\_\_\_

DESCRIBE WHY OVERTIME IS NEEDED:

Staff Signature: \_\_\_\_\_

SUPERVISOR REVIEW: ☐ Approved ☐ Not Approved

Comments: \_\_\_\_\_

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Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Employee