



Agency Extra Time Approval Form

RN/C.NA. Name: _____

Date and Shift

Scheduled: _____

Excess Time worked: _____

Please explain reason for excess time:

Approved by:

Jackson Park Supervisor Signature

Print Supervisor Name

*****FORM MUST BE FILLED OUT COMPLETELY AND APPROVED
BY AN AUTHORIZED JACKSON PARK SUPERVISOR BEFORE
PAYMENT WILL BE PROCESSED FOR ANY EXCESS TIME BEYOND
REGULAR SCHEDULED SHIFT HOURS!!!**