

Note: This form must be filled out to be paid for any extra time worked (regular or OT) outside of the scheduled shift. It is required for all OT claims, and we must know the manager and department covering the OT. Shift swaps **DO NOT** count towards OT accumulation times. This will support any additional hours claimed on timesheet.

## 911 Nurses GTA Missed Break/Additional Time/Overtime Authorization Form

Name/Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

<p><b>Missed Break Information:</b></p> <p><b>Shift Start Time:</b> _____</p> <p><b>Shift End Time:</b> _____</p> <p><b>Scheduled Break(s):</b> <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner  <input type="checkbox"/> Other (Specify: _____)</p> <p><b>Reason for Missed Break(s):</b> (Check all that apply)</p> <p><input type="checkbox"/> Busy workload</p> <p><input type="checkbox"/> Short-staffed</p> <p><input type="checkbox"/> Unexpected patient care needs</p> <p><input type="checkbox"/> Administrative tasks</p> <p><input type="checkbox"/> Other (Specify: _____)</p>	<p><b>Additional Hours Worked Authorization (Already on Shift):</b></p> <p><b>Shift Type:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Overtime</p> <p><b>Start Time:</b> _____ <b>End Time:</b> _____</p> <p><b>Total Hours Worked:</b> _____</p> <p><b>Reason for Additional Hours:</b> (Check all that apply)</p> <p><input type="checkbox"/> Unforeseen patient emergencies</p> <p><input type="checkbox"/> Handover of care</p> <p><input type="checkbox"/> Regulatory requirements</p> <p><input type="checkbox"/> Other (Specify: _____)</p> <p><b>Manager Approving Additional Hours:</b>          _____</p> <p><b>Unit Covering Additional Hours:</b>          _____</p>	<p><b>Shift Pickup (If applicable):</b></p> <p><b>Shift Date:</b> [MM/DD/YYYY]</p> <p><b>Shift Type:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Overtime</p> <p><b>Start Time:</b> _____</p> <p><b>End Time:</b> _____</p> <p><b>Reason for Overtime:</b> (Check all that apply)</p> <p><input type="checkbox"/> Offered OT by facility rep.</p> <p><input type="checkbox"/> Unit short staff</p> <p><input type="checkbox"/> Manager requested</p> <p><input type="checkbox"/> Other (Specify: _____)</p> <p><b>Manager Approving Overtime:</b>          _____</p> <p><b>Unit Covering Overtime:</b>          _____</p>
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**Additional Comments/Notes:**

**Note: Proper completion of this form is essential for the processing of your pay and to avoid delays.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor/Charge Nurse Name:** \_\_\_\_\_

**Supervisor/Charge Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The added note underlines the importance of accurately completing the form to ensure timely and accurate processing of pay and to avoid any unnecessary delays.