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: ____________________________ |

- **Missed Break Information:**
  - Shift Start Time: ______|
  - Shift End Time: ______|
  - Scheduled Break(s): [ ] Lunch [ ] Dinner [ ] Other (Specify: ___________)

- **Reason for Missed Break(s):** (Check all that apply)
  - Busy workload
  - Short-staffed
  - Unexpected patient care needs
  - Administrative tasks
  - Other (Specify: ___________) (Specify: ___________)

- **Additional Hours Worked Authorization (Already on Shift):**
  - Shift Type: [ ] Regular [ ] Overtime
  - Start Time: ______ End Time: ______
  - Total Hours Worked: ______

- **Reason for Additional Hours:** (Check all that apply)
  - Unforeseen patient emergencies
  - Handover of care
  - Regulatory requirements
  - Other (Specify: ___________)

- **Manager Approving Additional Hours:** ________________

- **Manager Approving Overtime:** ________________

- **Unit Covering Additional Hours:** ________________

- **Unit Covering Overtime:** ________________

| Shift Pickup (If applicable): |
| Shift Date: [MM/DD/YYYY] |
| Shift Type: [ ] Regular [ ] Overtime |
| Start Time: ______ |
| End Time: ______ |

- **Reason for Overtime:** (Check all that apply)
  - Offered OT by facility rep.
  - Unit short staff
  - Manager requested
  - Other (Specify: ___________)

- **Manager Approving Overtime:** ________________

- **Unit Covering Overtime:** ________________

- **Additional Comments/Notes:**

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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.