



Caddo Nation of Oklahoma

# TIME JUSTIFICATION SHEET

*Overtime, Flex, and Premium Pay*

Employee Name		Department	
Position		PP#	

DATE	START TIME	END TIME	REASON	OVERTIME EARNED	FLEX TIME EARNED	PREMIUM PAY EARNED	APPROVAL INITIALS
<b>TOTAL</b>							

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

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