

**MIAMI COUNTY  
PERSONNEL POLICY MANUAL**

**AUTHORIZATION TO WORK NON-SCHEDULED HOURS**

**FORM 22  
PAGE 1 OF 1**

Employee's Name: \_\_\_\_\_

Date of Emergency Requiring Additional Hours: \_\_\_\_\_

Description of Emergency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Hours Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Number of Additional Hours: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Comments/Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_