



OVERTIME/PREMIUM PAY APPROVAL FORM

DATE: _____

EMPLOYEE NAME & TITLE: _____

UNIT: _____

SHIFT: _____

HOURS IN OVERTIME/PREMIUM PAY: _____

FACILITY: _____

APPROVED BY: _____
(Name & Title)

(Authorized Signature)

**PLEASE INDICATE APPROVAL BY SIGNING ABOVE AND FAX BACK TO
(480) 247-5621.**

**Thank you for considering ACUTE NURSING SOLUTIONS, LLC when filling
your staffing needs. We look forward to hearing from you soon.**

YOUR BUSINESS IS APPRECIATED!