

# **SAMPLE**

## **EMPLOYEE ACKNOWLEDGMENT FORM**

I acknowledge that it is the policy of \_\_\_\_\_ that all overtime hours are to be authorized by my supervisor prior to working them.

Additionally, I understand that any overtime hours worked but not authorized will be paid at a time and half rate, but I may be subject to discipline up to and including termination for this policy violation.

Furthermore, I acknowledge that my questions regarding this policy have been answered and I am responsible for the information included in our policy manual.

EMPLOYEE'S NAME (printed) \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_