

Tollfree: 1-866-505-2422 Fax: 1-888-439-2979

**NOTE: PLEASE SUBMIT TIMESHEETS** BY NOON EVERY MONDAY

## OVERTIME AUTHORIZATION FORM

ISC FIRST NATIONS AND INUIT HEALTH BRANCH	
NAME OF THE CONTRACTOR: CHCA	
NAME OF CONTRACT NURSE:	
REGION:	PO NUMBER:
COMMUNITY LOCATION:	TA NUMBER:
REASONS FOR EXTRA DUTY:	
APPROXIMATE HOURS REQUESTED:	
DATE:	
COMMENTS:	
NIC APPROVAL:	
(PRINT NAME/SIGNATURE)	
This form is to be utilized to approve all Overtime for Contract Nurses, other than when they are "Called-Back" or when assigned to be on "Stand-by".	
INSTRUCTIONS:	
Original signed record to be kept by the contractor.	