

HOLIDAY OVERTIME REPORTING

Nature of Emergency	
Date and duration:	
Location- city, building:	
Situation that occurred:	

Name of Employee	Position Number

Agency Name / Number _____

Agency Authorization / Date _____

Agency Phone Number _____

Return form to: **brent.smith@state.ks.us**
 900 SW Jackson, LSOB, Room 951-S
 Topeka, KS 66612-1251