CREE NATION CHILD & FAMILY CARING AGENCY
OVERTIME AUTHORIZATION

Employee: _____Lisa Pfund_____

Position: _____HR Assistant_____

Date	Hours Worked From – To	Total Hours	@ rate of 1.5	Total Banked Time
September 10, 2026	4:30 – 5:00	½ hour		

Report for Period of banked time *(Describe activities completed)

Job advertisements onto the website.

****Please note: Employee may be asked to produce work completed.**

_____ September 10, 2026_____

Employee's Signature Date

Approved by:

_____ _____

Supervisor's Signature Date