



We are a not for profit organization creating social change within communities by supporting people with disabilities on their search for identity and acceptance.”

Acceptance

Equity

Support

Designee Complete

Reason for Overtime

Please describe the specific reason(s) why overtime was required:

Was this overtime preauthorized by a PCCS Fiscal Coordinator (FIC)?

Yes. FIC Name: _____ Did not receive PCCS preauthorization

Can PCCS find additional staff to reduce future overtime hours?

Yes, please assist with additional staffing No, I do not need additional staffing

What steps are taken to alleviate staff from overtime and burnout?

Designee Acknowledgment

By signing, I confirm the accuracy of the reported overtime and service delivery. I also acknowledge my responsibility to prevent future overtime by adjusting staffing and schedules and will notify PCCS if additional staffing support is needed.

Designee Name

Signature

Date