

OVERTIME AUTHORIZATION FORM

Employee's Name _____
(PRINT)

Employee's Signature _____

Department _____

Supervisor's/Requestor's Signature _____

DAY	DATE	HOURS	LOCATION	REQUESTED BY	JUSTIFICATION AND DETAILS OF REPAIRS AND/OR WORK
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					

ALL SPACES MUST BE COMPLETED BEFORE PAYMENT WILL BE AUTHORIZED. **ALL OVERTIME MUST HAVE PRIOR APPROVAL FROM THE MAINTENANCE & OPERATIONS (M&O) OFFICE. OVERTIME WILL NOT BE PAID WITHOUT APPROVAL. REFERENCE THE DIVISION OF BUSINESS POLICY AND PROCEDURE MANUAL PAGE C-7 FOR FURTHER VERIFICATION.**

1. BUILDING RENTAL JUSTIFICATIONS MUST HAVE A COPY OF THE RENTAL CONTRACT ATTACHED TO THE OVERTIME REQUEST.
2. BUILDING ALARM JUSTIFICATIONS MUST HAVE THE DATE AND TIME OF EACH ALARM CALL.