

**DIVISION OF SCHOOL FACILITIES
44-36 Vernon Blvd
Long Island City, New York 11101**

OVERTIME AUTHORIZATION AND APPROVAL FORM (ADMINISTRATIVE TITLES)

Social Security Number _____ - _____ - _____

NAME: _____

TITLE: _____

OFFICE: _____

DEPARTMENT: _____

Week Ending: _____
(MONTH-DAY-YEAR)

Check if Compensatory Time is Requested

DAY	DATE	HOURS		REASON FOR OVERTIME
		REGULAR (Hours)	OVERTIME Hours Minutes	
SUNDAY	_____	_____	_____	_____
MONDAY	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____

TOTAL OVERTIME HOURS WORKED: _____

PAYMENT

\$ _____

Week Ending: _____
(MONTH-DAY-YEAR)

Check if Compensatory Time is Requested

DAY	DATE	HOURS		REASON FOR OVERTIME
		REGULAR (Hours)	OVERTIME Hours Minutes	
SUNDAY	_____	_____	_____	_____
MONDAY	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____

TOTAL OVERTIME HOURS WORKED: _____

PAYMENT

\$ _____

I certify that the above person has been authorized to work and be compensated for overtime for the reasons indicated and for the amount of hours approved.

(Supervisor)

(Date)

(Department Head)

(Date)

(Office Director)

(Date)