

DIVISION OF SCHOOL FACILITIES

44-36 Vernon Boulevard
Long Island City, New York 11101

OVERTIME AUTHORIZATION AND APPROVAL - (SKILLED TRADES TITLES)

Employee ID: _____

NAME: _____

TITLE: _____

OFFICE: _____

DEPARTMENT: _____

Week Ending: _____
(MONTH-DAY-YEAR)

Check if Compensatory Time is Required

<u>DAY</u>	<u>DATE</u>	<u>HOURS</u>		<u>LOCATION</u>	<u>W.O. #</u>	<u>DESCRIPTION OF WORK</u>
		<small>REGULAR HOURS</small>	<small>OVERTIME HOURS</small>			
MONDAY	_____	_____	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____	_____	_____
SUNDAY	_____	_____	_____	_____	_____	_____
TOTAL REQUESTED OVERTIME		_____				

Week Ending _____
(MONTH-DAY-YEAR)

Check if Compensatory Time is Required

<u>DAY</u>	<u>DATE</u>	<u>HOURS</u>		<u>LOCATION</u>	<u>W.O. #</u>	<u>DESCRIPTION OF WORK</u>
		<small>REGULAR HOURS</small>	<small>OVERTIME HOURS</small>			
MONDAY	_____	_____	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____	_____	_____
SUNDAY	_____	_____	_____	_____	_____	_____
TOTAL REQUESTED OVERTIME		_____				

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

(Supervisor)

Date

(Maintenance Planner or Designee)

Date

(Director of Facilities)

Date