



DIVISION OF SCHOOL FACILITIES

PRE-AUTHORIZATION FOR OVERTIME – SKILLED TRADES

Date	Name	Title	Hours	WO # & Description	School	Room

Form Completed by: _____
(Print Name and Title)

Date: _____

Borough Plant Manager: _____
(Signature)

Date: _____



DIVISION OF SCHOOL FACILITIES

PRE-AUTHORIZATION FOR OVERTIME – ADMINISTRATION

Date	Name	Title	Hours	Description & WO (if applicable)	School	Room

Form Completed by: _____
(Print Name and Title)

Date: _____

Department Head: _____
(Signature)

Date: _____