



Facilities and Services Overtime Request

REQUEST INFORMATION

Date of Request: _____ Shop Name: _____
 Employee Name: _____ Work Order #: _____
 Time Called: _____ AM PM Scheduled OT
 Time Arrived: _____ AM PM Call-Out OT
 Time Finished: _____ AM PM Total Hours: _____
 Number of Trips: 0 1 2

NATURE OF WORK

LOCATION

REMARKS

APPROVALS

Employee Print Name

Employee Signature

Date

Supervisor Print Name

Supervisor Signature

Date

Director/ Mgr. Print Name

Director/ Mgr. Signature

Date

