

Custodial Department Compensatory/Overtime Request Form

This form must be filled out and signed by a supervisor & manager in order to be paid for overtime/compensatory time
Must print and attach all work order detail invoices with no credits for form to be valid.

Employee Name: _____ S#: _____

Work Order #	Date	Purpose	Hours Paid (specify <u>OVT</u> for overtime or <u>CPE</u> for comp time)

Supervisor's approval: Yes No

Manager/Asst. manager pre-approval: Yes No

Supervisor's name: _____

Manager/Asst. manager name: _____

Supervisor's signature: _____

Manager/Asst. manager signature: _____

Date: _____

Date: _____

Additional Information: