



# Facilities Services

4365 South 2200 West  
Gundersen Facilities Services Building  
Salt Lake City, Ut 84123

## 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: