AUTHORIZATION REQUEST TO EXCEED 25% OVERTIME/COMPTIME LIMITATIONS (QUARTERLY/YTD)(STARTING 1 APRIL 03)

From: _____ Shop Superintendent/Division Head Date: _____

To: _____ Department Head

Via: _____ (Division/Group Head)

PERIOD FOR WHICH ADVANCE APPROVAL REQUESTED

From: _____ To: _____

NAME	CHECK NO.	TOTAL OVERTIME HOURS FOR QUARTERLY/YTD AS OF _____	PERCENTAGE OF OT WORKED YTD	ADDITIONAL OVERTIME HOURS REQUESTED

JUSTIFICATION:
(Include unique skills these individuals have that require them to work excessive OT and actions being taken to minimize the excessive overtime.)

_____

_____

_____

_____

ENDORSEMENTS

(1) CODE _____ RECOMMEND APPROVAL _____ RECOMMEND DISAPPROVAL _____ SIGNATURE _____
(DIVISON/GROUP HEAD)

(2) CODE _____ RECOMMEND APPROVAL _____ RECOMMEND DISAPPROVAL _____ SIGNATURE _____

(3) CODE _____ RECOMMEND APPROVAL _____ RECOMMEND DISAPPROVAL _____ SIGNATURE _____

Copy to: Code 300

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