

Org : 320____

Pay Period:

Rowan University Facilities Operations - Call in/Emergency Approval Form (CI-1) Call in and emergencies are pre-authorized and approvals are required within the next business day Return this completed form to the AVP for approval then submit a copy of completed approval form to Operations

Department Name	Date	Supervisor	Reason for call in/Emergency	Location	

Director Approval: _____ Date: _____

Employee	Date	Start Time	End Time	Paid Time	Comp Time	Total Hours	WO#	Supervisor Verification	Payroll Verification

Director Verification:	Date:	Billable?: 🗌 Yes 🔲 No		
	 Date	Budget Code (FOPAL):		
AVP Verification:	 Date:			