



Org : 320_____

Rowan University Facilities Operations - Overtime Approval Form (OT-1) Overtime must be authorized and approved prior to scheduled date Return this completed form to the AVP for approval then submit a copy of completed approval for to Operations

Pay Period: _____

Department Name	Dates of OT Work		Supervisor	Work to be Performed	Location	Estimated # of People	Estimated # of Hours
	Start Date	End Date					

Requestor (Supervisor): _____ Date: _____

Billable?: Yes No

Director Approval: _____ Date: _____

Budget Code (FOPAL):

Verify OT budget available:

AVP Approval (Initial): _____

Complete above line approvals prior to work starting

OT is not authorized until all approvals are received

Complete below line upon completion of work for each pay period

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

AVP Approval: _____

Date: _____