



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: \_\_\_\_\_