

NOTIFICATION OF ADDITIONAL HOURS

EMPLOYEE NAME \_\_\_\_\_

Building \_\_\_\_\_

Date Worked \_\_\_\_\_

Time Involved \_\_\_\_\_

Straight Time                      Rate \_\_\_\_\_

Overtime

Purpose:

Authorized By \_\_\_\_\_

Signed \_\_\_\_\_  
(Employee that worked extra time)

Signed \_\_\_\_\_  
(Principal)

Approved \_\_\_\_\_

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