

OVERTIME APPROVAL REQUEST FORM

To: MNHS – Approval / Disapproval

All overtime requests must be pre-approved by MNHS. Requestor will receive response within two business days.

Emergency overtime that cannot be pre-approved must be immediately faxed to MNHS (518) 786-4969 at the beginning of the next business day.

A detailed and concise explanation must be included under justification. The justification must include information concerning who, what, where, when and why the overtime is required.

JUSTIFICATION:

<u>NAME</u>	<u>TITLE</u>	<u>DATE/TIME /TOTAL HOURS OVERTIME</u>	<u>LOCATION</u>
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Date

Requesting Supervisor (Print Name and Title)

Signature