Field Personnel

RHODE ISLAND DEPARTMENT OF TRANSPORTATION
ANTICIPATED OVERTIME AUTHORIZATION REQUEST

Employee: ______________________________ WEEK ENDING: __________

RIC NO(S): ______________________________

PROJECT NAME: ______________________________

DAY	DATES	DESCRIPTION OF WORK	START TIME	FINISH TIME	TOTAL ANTICIPATED OT	ANTICIPATED LEAVE
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
TOTAL ANTICIPATED OVERTIME AND LEAVE IN HOURS >>						

SUPERVISOR: ______________________

SECTION SUPERVISOR: ______________________ **DATE SUBMITTED:** __________

NOTE: No O/T should be worked by anyone who takes time off of their choosing.
EXCEPTION: If it is authorized by Colin or Mark to ensure coverage.

THIS ADVANCED REQUEST FOR OVERTIME FORM MUST BE SUBMITTED TO YOUR SUPERVISOR FOR APPROVAL BY NOON THE WEDNESDAY PRIOR TO THE WEEK WHICH THE WORK IS TO BEGIN.

ID#: AO1-475 REV. 4/25/16