OVERTIME/COMPENSATORY AUTHORIZATION

NAME OF EMPLOYEE: DEPARTMENT:

* OVERTIME/COMPENSATORY TIME REQUESTS MUST BE APPROVED BEFORE THE TIME IS EARNED/WORKED.

** EXPLANATION OF CODES **

1.0 FOOD TRUCK
2.1 STAFF SHORTAGE (NON-SUPERVISORY)
2.2 STAFF SHORTAGE (SUPERVISORY)
3.0 EMERGENCY WORK
4.1 MEDICAL TRIPS
4.2 EMERGENCY TRIPS
4.3 RECREATION TRIPS
5.0 UNUSUAL OPERATIONAL WORK
6.0 HOLIDAY
7.0 MEETING
7.1 TRAINING
7.2 TRAVEL
8.0 SNOW EMERGENCY
9.9 OTHER (EXPLAIN: _____)

DATE OF O/T TO BE WORKED	** OT CODE	HRS. WKED.	HRS. CRDT.	TYPE (X)		SUPERVISOR'S SIGNATURE	DATE
				CSH	COMPT		
TOTALS********				**********			

COMMENTS/EXPLANATIONS:

DEPT. HEAD / DESIGNEE SIGNATURE: DATE:

NJDMAVA Form No. 48-2, DATED 1 JAN 93