



**CITY & COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION
DEPARTMENTAL REQUEST FOR OVERTIME**



OVERTIME REQUEST FORM

EMPLOYEE NAME:		DATE:
CLASS NO. & TITLE:		
DIVISION:		
NUMBER OF HOURS REQUESTED:		
FROM:	TO:	
DATE(S) OVERTIME WILL BE PERFORMED:		
OVERTIME: <input type="checkbox"/> ADDED TO COMP TIME BALANCE <input type="checkbox"/> PAID AT OVERTIME RATE		
JUSTIFICATION:		

RECOMMENDED BY IMMEDIATE SUPERVISOR:

SIGNATURE AND DATE

APPROVED BY DIVISION SUPERVISOR:

SIGNATURE AND DATE

**APPROVED BY
ASSISTANT DIRECTOR / DEPUTY DIRECTOR:**

SIGNATURE AND DATE

Approved original overtime form must be submitted to the Payroll/Personnel Office the closing pay-period Friday. All overtime Payroll/Tess entries must have an approved form, failure to submit form by end of pay period will delay overtime payment.