Town of North Providence
2000 Smith Street

North Providence, R.I. 02911

OVERTIME APPROVAL

DATE: _____

DEPARTMENT: _____

EMPLOYEE: _____ **EMPLOYEE#**

REASON FOR OVERTIME REQUEST:

_____

_____

APPROVED: _____ **BY:** _____
DEPARTMENT HEAD

DISAPPROVED: _____

APPROVED: _____ **BY:** _____
G. RICHARD FOSSA
CHIEF OF STAFF

DISAPPROVED: _____

OVERTIME WORKED:

DATE: _____ **TIME IN:** _____ **TIME OUT:** _____ **HOURS** _____

DATE: _____ **TIME IN:** _____ **TIME OUT:** _____ **HOURS** _____

DATE: _____ **TIME IN:** _____ **TIME OUT:** _____ **HOURS** _____

DATE: _____ **TIME IN:** _____ **TIME OUT:** _____ **HOURS** _____

DATE: _____ **TIME IN:** _____ **TIME OUT:** _____ **HOURS** _____

TO BE TAKEN AS: **OT** **COMP** **TOTAL** _____