

CITY OF HOUSTON

Houston Public Works Overtime Authorization Request Form

Prior Authorization.

THUI Authorizau	on.							
Supervisor:				Date:				
Division:				Cost Center:				
Employee Name:				Employee Number:				
Date Overtime Worked Begin Time			End Time	Total Hours				
Schedule Work	(SW)	☐ Emerge	ency Work (EW)	Accrued Comp-Time (OW)				
Task or Work Assi	gned:	Yes	No	No				
Description of wor		·	·					
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Task or Work Accomplished: Yes No								
If no, why (state re								
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Bill To:								
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Date Overtime Worked Begin Time			End Time	Total Hours				
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Schedule Work	(SW)	Emerge	ency Work (EW)	Accrued Comp-Time (OW)				
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Tack or Work Acci	aned s	Yes	No					
Task or Work Assigned : Yes No Description of work:								
Description of wor	к.							
Task or Work Acc	omplie	shed: Yes	No					
If no, why (state re			INO					
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Bill To:								
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EMPLOYEE SIG	iNAI	URE	DATE					
CHIPEDIWS OF CO	(0)							
SUPERVISOR SIGNATURE DATE								
			_					
DIVISION MANAGER			DATE					