



STATE OF CONNECTICUT
Commission on Fire Prevention and Control

OVERTIME REQUEST FORM

Name: _____ Employee Number: _____
Date: _____ Bargaining Unit: _____
(Covering only one pay period)
Pay Period: _____

Date of Overtime	Start Time / End Time	Total Hours	Justification

PRIOR APPROVAL IS REQUIRED

Signatures Required:

Employee: _____ Date: _____
Supervisor: _____ Date: _____
Unit Manager: _____ Date: _____