

CITY OF SARATOGA SPRINGS
Approval to Work Additional Hours

To: _____
RE: Request to Work Additional Hours

From: _____

Date: _____

I, _____, **REQUEST TO WORK** _____ **ADDITIONAL HOURS ON** _____.

REASON: _____

I, _____, **REQUEST THE ADDITIONAL HOURS AS:**

DAY/HOURS

DAY/HOURS

PAID OVERTIME: _____

EARN COMPENSATORY TIME: _____

X _____
Employee Signature

_____ Date

_____ Approved

_____ Disapproved / Reason: _____

X _____
Deputy Mayor/Deputy Commissioner Signature

_____ Date

****Request to work additional time must be approved prior to working the hours requested. A reason for the request must be notated and all are subject to Department Deputy's approval.****