



Fermi National Accelerator Laboratory
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630-840-3000

Mechanical Support Department
OVERTIME AUTHORIZATION

DATE	
DEPARTMENT	
A REQUEST FOR OVERTIME FOR THE FOLLOWING JOB	
DATE(S) OVERTIME REQUESTED	
HOURS OF OVERTIME REQUESTED	
EMPLOYEE(S) INVOLVED	
TASK NUMBER TO BE CHARGED	

Approved: _____
Group Leader

Approved: _____
Department Head

Approved: _____
Deputy Division Head

REASON FOR OVERTIME: