

EMPLOYEE REQUEST FOR OVERTIME

Listuguj Education, Training & Employment 1 Riverside West Listuguj, Qc G0C 2R0 Fax: 418-788-5980 Phone: 418-788-2248

Date Requesting:

EMPLOYEE

Estimated hours: Details of the activity: Employee Signature	Name:			
Employee Signature Date ADMINISTRATION Date Received: Approved With pay Not approved Without pay Comments:	Estimated h	ours:		
ADMINISTRATION Date Received : Approved	Details of th	e activity :		
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Approved With pay Not approved Without pay Comments:	ADMINISTR <i>A</i>	ATION		
Comments:	Date Receive	ed :		
Comments:		Approved	☐ With pay	
Comments:				Equal time off
Director's Signature Date	Comments:	- -		
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