

**SECTION 1** Supervisor to make request by completing Section 1 and emails to Budget Department.

**SECTION 2** The Budget Department signs off and emails it to the facility CFO who approves overtime.

**SECTION 3** The Facility CFO emails signed form to [Payrollinquiries@nychhc.org](mailto:Payrollinquiries@nychhc.org). (Please include OT Cap Waiver Authorization in the subject line.)

**SECTION 1**

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Employee Name	Corporate Title	Employee ID #	Percent Requested	Reason for Overtime

**SECTION 2**

Budget Department Head Name and Title (Print): \_\_\_\_\_

Budget Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3**

**Chief Financial Officer Approval:**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL PAYROLL USE ONLY**

Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_