CLERK
OVERTIME DESIRED LIST
REMOVAL / PASS

REMOVE my name from the overtime list

for one of the following choices:

- ☐ BT/ET Overtime
- ☐ Day Off Overtime
- ☐ BT/ET and Day Off Overtime

Effective Date: _____

I would like to **PASS** the following overtime

- ☐ BT
- ☐ ET
- ☐ DO

on the following day(s) and date(s):

_____

_____

Name: _____
(Print)

Pay Location: _____

Date: _____

Signature: _____