

**KNOX COUNTY SCHOOLS
MAINTENANCE & OPERATIONS DEPARTMENT**

Our mission is to provide a clean, safe, secure, working and learning environment to all facility occupants

EXTRA HOURS JUSTIFICATION FORM FOR MAINTENANCE EMPLOYEES

EMPLOYEE NAME: _____

CRAFT: _____

AFTER HOURS CALL: YES ____ NO ____

NUMBER OF HOURS OF OVERTIME: _____

DATE OF OVERTIME: _____

WORK ORDER NUMBER: _____

LOCATION OF OVERTIME: _____

REASON FOR EXTRA HOURS _____

CONSEQUENCE FOR NOT DOING WORK ON EXTRA HOURS _____

WAS THE JOB COMPLETED? YES ____ NO ____

IF NO, PLEASE EXPLAIN _____

SHOULD THIS WORK BE BILLED TO A CONTRACTOR FOR WARRANTY PURPOSES YES ____ NO ____

APPROVED BY FOREMAN: _____

APPROVED BY SUPERVISOR: _____

**APPROVED BY SUPERVISOR
OF MAINTENANCE:** _____