

CRYSTAL PARK PLAZA

Overtime Air Request

Company Name: _____

Building Address: _____ Suite: _____

Phone Number: _____

Overtime Air Requested For:

Date: _____ Day of Week: _____

Start Time: _____ Stop Time: _____

Minimum of 3 Hours Required

Please return this form to the Management Office or Fax to 936-295-3603:

Before 12:00 p.m. for Air Requested Monday—Friday
Before 12:00 p.m. on **Friday** for Air Requested for the Weekend

Authorized By: _____ Date: _____

<p>Building Standard Hours: (No charge for Air)</p> <p>7:00 a.m.—6:00 p.m. MONDAY THROUGH FRIDAY 7:00 a.m.—1:00 p.m. SATURDAYS</p>
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MANAGEMENT OFFICE USE ONLY:

_____ Hours X _____ /Hour = _____ Total

Work Order Number: _____ Issued By: _____

Time: _____ Date: _____