

Org : 320\_\_\_\_\_

Pay Period: \_\_\_\_\_

Rowan University Facilities Operations - Call in/Emergency Approval Form (CI-1)  
 Call in and emergencies are pre-authorized and approvals are required within the next business day  
 Return this completed form to the AVP for approval then submit a copy of completed approval form to Operations

Department Name	Date	Supervisor	Reason for call in/Emergency	Location

Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Employee	Date	Start Time	End Time	Paid Time	Comp Time	Total Hours	WO#	Supervisor Verification	Payroll Verification

Director Verification: \_\_\_\_\_ Date: \_\_\_\_\_

AVP Verification: \_\_\_\_\_ Date: \_\_\_\_\_

 Billable?:  Yes  No

 Budget Code (FOPAL):