

THE HOUSING AUTHORITY OF THE CITY OF WOONSOCKET, RHODE ISLAND
OVERTIME WORK ORDER

EMPLOYEE _____ DATE _____

LOCATION OF WORK _____

DESCRIPTION OF WORK _____

MATERIAL USED _____

TIME STARTED _____ TIME COMPLETED _____

Employee

Supervisor

Executive Director and/or Designee

Office
use only:
Paid w/e _____

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