

Election Project Request Form (for overtime only)

Name Title Phone Number			Payroll Number	
			Department	
				Pleas
Yes	No	Qualifiers		
		Must be available for the dura through the Commissioner's o	ation of the project (schedule will be arranged office)	
		Able to work the hours require	ed on overtime	
		Willing to perform administrate	lling to perform administrative and support tasks as needed	
		Able to get to the assigned work location		
		Able to perform regular Aviati	on assigned hours	
Emplo	oyee S	Signature:	Date	
Manager Signature:				
Comp	leted	forms must be submitted, via e	email, to Staffing@phl.org no later than October 6, 202	
HR St	aff Or	nly		
HR Ap	prova	al		
City C	commi	issioner's Office Notified		
T:	hoot	requirements Oracle or Timesh	oot	