

OVERTIME DESIRED LIST

OFFICE _____ Date _____

PLEASE PRINT NAME; INITIAL OVERTIME LIST PREFERENCE- SIGN AND DATE

	CARRIER	NO	WA	OTDL	SIGNATURE	DATE
1						
2						
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OVERTIME DESIRED LIST

OFFICE _____ Date _____

PLEASE PRINT NAME; INITIAL OVERTIME LIST PREFERENCE- SIGN AND DATE

	CARRIER	NO	WA	OTDL	SIGNATURE	DATE
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OVERTIME DESIRED LIST

OFFICE _____ Date _____

PLEASE PRINT NAME; INITIAL OVERTIME LIST PREFERENCE- SIGN AND DATE

	CARRIER	NO	WA	OTDL	SIGNATURE	DATE
41						
42						
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