

**ALEXANDER CITY BOARD OF EDUCATION
OVERTIME/"COMP" TIME REQUEST FORM**

Nature of duty: Check type of duty requested (you may choose only one): _____ paid overtime
_____ "comp" time

Notes:

1. Hours worked in excess of 40 hours per week are calculated at "time and one-half" and must be approved in advance. This applies to paid overtime and "comp" time.
2. "Comp" time must be used by the end of the Fiscal Year in which the "comp" time is earned and approved.
3. Paid overtime applies to non-certified non-exempt employees only.
4. "Comp" time applies to non-certified non-exempt employees only.

Employee Name _____

Dates(s) of extra duty _____

Date(s) "comp" time will be used _____

Estimated time in hours to complete task _____

Justification for overtime/"comp" time _____

Employee's Signature

Date

Chief School Financial Officer

Date

Principal's/Supervisor Signature

Date

Superintendent

Date

* **Note:** The signature of the Chief Financial Officer indicates only that money is available to pay for overtime.