

OVERTIME/COMPENSATORY TIME APPROVAL FORM

Please note that overtime must be approved by immediate supervisor and Superintendent prior to being worked. Compensatory time must be approved by supervisor prior to being taken.

Employee Name: _____

Date overtime to be worked: _____

Number of hours to be worked: _____

Reason for Overtime (type inside box):

APPROVED:

Supervisor

Date

Superintendent

Date

I request that the above overtime be taken in compensatory time as indicated below.

Date(s) Requested

of Hours Requested

Employee Signature

Date

APPROVED BY:

Superintendent

Date

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH PAYROLL.