ROMEO COMMUNITY SCHOOLS

OVERTIME/ADDITIONAL HOURS REQUEST AND AUTHORIZATION FORM

Employee _____ Date of Request _____
(Please print)
Building/Department _____ Position _____

What specific job activity(ies) need to be completed? _____

Reason(s) you feel the job activity was not able to have been completed during normal work day

_____

Estimated amount of overtime/additional hours being requested (in hours) _____

Date(s) of overtime/additional hours being requested _____

_____ _____
Employee Signature Approved Supervisor Signature

Comments _____

Approved/Disapproved _____ Date _____
Executive Director of Business

Below To Be Completed by Employee after Executive Director of Business Approval

First Week

	Date	O.T. Hrs.	Add. Hrs.
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Totals			

Second Week

	Date	O.T. Hrs.	Add. Hrs.
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Totals			

Signed _____ Approved _____
Employee Supervisor

After completion of all the above approved overtime, return this sheet to Payroll.

To be completed by Payroll: Pay Period Ending _____ Paid _____