



**OVERTIME/ADDITIONAL HOURS
REQUEST AND AUTHORIZATION FORM**

Not for teacher use

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) _____
(Circle One)

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

Employee Signature

Approved Supervisor Signature

To Be Completed by Business Office

Approved/Disapproved _____
Executive Director of Business

Date

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 _____
Employee

Approved _____
Supervisor

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

To Be Completed by Payroll

Pay Period Ending _____

Paid _____