Overtime Request Form

(To be filled out by the employee requesting overtime)

Purpose of overtime: _____

_____

Date(s) of proposed overtime:_____ Number of hours requested: _____

Employee's Name (Printed):_____ Date:_____

Employee's Signature: _____

(To be filled out by the Supervisor)

Is the overtime requested approved? (Circle one) Yes No

Number of hours granted: _____

Supervisor's Signature: _____ Date Received:_____

Superintendent's Signature: _____ Date Received:_____

Overtime Request Form

(To be filled out by the employee requesting overtime)

Purpose of overtime: _____

_____

Date(s) of proposed overtime:_____ Number of hours requested: _____

Employee's Name (Printed): _____ Date:_____

Employee's Signature: _____

(To be filled out by the Supervisor)

Is the overtime requested approved? (Circle one) Yes No

Number of hours granted: _____

Supervisor's Signature: _____ Date Received:_____

Superintendent's Signature: _____ Date Received:_____