



OVERTIME COMPENSATION REQUEST AND APPROVAL FORM

Employee Name (PRINT): _____

Date of Request: _____

Date Overtime Worked: _____

Overtime Hours Worked: From _____ AM/PM To _____ AM/PM Total # of Hours: _____

Reason for Overtime: _____

COMPENSATORY TIME

☐

OVERTIME PAY

☐

Employee Signature: _____

Date Submitted: _____

Approved

☐

Denied

☐

Principal/Supervisor Signature: _____ Date: _____

Overtime hours will not be paid without Principal/Supervisor approval signature.

****** This form must be submitted to and approved by principal/supervisor at least 24 hours prior to working overtime. Approved form must be submitted to Payroll with the time sheet for the pay period the overtime occurred.**

****** In cases where overtime is necessary without prior notice, this form must be submitted and approved within 24 hours of working overtime.**

PAYROLL USE ONLY

Total Overtime Hours: _____ (per above)

Total Payment Amount: \$ _____

Date of Payment: _____