



Overtime Pre-Approval Form

Priority:

Date Requested

Department

Beginning Date

End Date

Employee Name

Supervisor

E-mail

Phone

Justification

Anticipated Expenses

Day	Date	Task(s)	Number of Hours	Overtime Rate	Amount
Total					

Comments:

Approvals

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Superintendent Signature _____ Date _____

IMPORTANT NOTICE

By signing and submitting this form you agree that the work you have been asked to perform cannot be completed with supervisory satisfaction within your normal work day/work week. The requested overtime will be used solely for the purpose of completing these tasks as stated in this form.