

**Request for Overtime:
Pre-Authorization Form**

| | |
|-----------------------|--------------------|
| Supervisor: | Department: |
| Employee Name: | Job Title: |

Describe why the work cannot be completed during regular work hours:

| Date | Day | Holiday | | Reason for Overtime | Proposed Time Worked | |
|------------------------------|-----------|---------|---|---------------------|----------------------|-----|
| | | Y | N | | Start | End |
| | Monday | Y | N | | to | |
| | Tuesday | Y | N | | to | |
| | Wednesday | Y | N | | to | |
| | Thursday | Y | N | | to | |
| | Friday | Y | N | | to | |
| | Saturday | Y | N | | to | |
| | Sunday | Y | N | | to | |
| Total Estimate Hours: | | | | | | |

Process:

- The Supervisor fills out the request form and sends it to the business office for review by the Assistant Superintendent for Finance, Facilities, and Operations.
- Upon either approval or denial, the Request for Overtime Pre-Authorization Form will be returned to the Supervisor with a copy sent to Personnel and Payroll.
- **NOTE:** Any timesheets for overtime submitted without prior approval **will not be paid.**

| Approvals | |
|----------------------------------|--------------|
| Supervisor: | Date: |
| Approved ____ Denied ____ | Date: |
| Assistant Superintendent: | |

Received:

_____ Personnel
Date

_____ Payroll
Date