



Request for Overtime

Name of School or Department: _____ Date: _____

Location of overtime work: _____

Employee(s) Name(s) _____

Date work will be done: _____

Approximate hours per employee _____

Why the schedule of school personnel can't be rearranged to allow this work to be completed without overtime?

Organizational Manager

Chief Financial Officer

Approved

Denied

Please send this request to the Business Office not less than three (3) days prior to the date work is to be performed. Once it is signed, the yellow copy will be returned to the organizational manager.