

LEMOORE UNION ELEMENTARY SCHOOL DISTRICT
AUTHORIZATION FOR OVERTIME

S.S # _____

NAME: _____ POSITION: _____

LOCATION: _____ DATE: _____

REASON FOR OVERTIME: _____

DATE OVERTIME TO BE WORKED:

HOURS WORKED:

Employee's Signature

Supervisor's Signature

Complete form in triplicate and send to District Office Payroll Dept.

1 each Employee

1 each Payroll

1 each Supervisor