

NON-INSTRUCTIONAL OVERTIME APPROVAL

Filled out by Employee:

Employee Name: _____

Date To Be Worked: _____

Time To Be Worked: _____

Hours To Be Worked: _____

Event or Work Assignment: _____

Position for which overtime will be expensed:

Special Ed Parapro _____	Elem. Secretary _____	Cook _____
Title I Parapro _____	H.S. Secretary _____	Kitchen Aide _____
Bus Driver _____	Nurse _____	Playground Aide _____
Spec Ed Bus Aide _____	Maintenance _____	

I would like comp time: _____ I would like to be paid: _____

Comp time must be used in current school year.

Employee Signature: _____ Date: _____

Filled out by Supervisor:

Supervisor Signature _____ Date _____

Filled out by Business Manager

Payroll Notes:

Account Expense Code: _____

Hours: _____ Regular (under 40)

Hours: _____ Time & ½ (Over 40 Hours)

Comp: _____ Cash: _____

Rate of Pay: _____

Business Manager Signature _____ Date _____