

Overtime Approval Form



Please Mark Approval Type Requested

- Pre-Approval
- Post Approval

Name _____ Building _____

Position _____ Date of Requested Overtime _____

Supervisor Name/Department _____

Reason for Overtime:

Employee Signature

Date

- Approved
- Disapproved

Supervisor Signature

Date

- Approved
- Disapproved

Assistant Superintendent Signature

Date

Return Completed Form to the accounting department

OT Approval Form 10/6/2015