

OVER-TIME PRE-APPROVAL REQUEST FORM FOR SECRETARIAL STAFF

All Overtime Must have PRIOR Approval

DIRECTIONS

This form must be completed if working greater than 40 hours in a work week.

1. Complete and submit this form to your Principal/Administrator for approval prior to working overtime.
2. Your Principal/Administrator must authorize and indicate the need for overtime.
3. You will not be compensated for unapproved (unauthorized) overtime.

Date: _____

Employee Name: _____

School: _____

Department: _____

| Date | Time From | Time To | Total Overtime Hours | Justification |
|------|-----------|---------|----------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional Comments:

Employee Signature: _____

Date: _____

Approved by: _____

Date: _____

Principal/Administrator

Not Approved by: _____

Date: _____

Principal/Administrator

Please submit original to payroll and keep a copy on file.