

OVERTIME AUTHORIZATION FORM

Overtime must be approved in advance by supervisor

Employee Name _____ Date _____

Title _____ Department _____

Overtime needed from _____ to _____ Total Overtime not to exceed _____ hours

DETAILED EXPLANATION WHY OVERTIME IS NEEDED:

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Verification of Budget Line _____

EXTRA CURRICULAR VERIFICATION FROM

Name Of School/Department _____ Month(s) _____

Program _____

EMPLOYEE NAME	EMPLOYEE NUMBER	TOTAL HOURS	TOTAL COST

Principal/Department Head Signature _____ Date _____

***Signature verifies that time sheets are in accordance with attendance (sign/in/out) and Board Approved Agenda (time reports attached)**

Pay Authorization Authorizer _____ Date _____

Due in the Payroll Office 5 days after completion of program