

**OVERTIME/COMPENSATORY TIME APPROVAL FORM**

**Please note that overtime must be approved by immediate supervisor and Superintendent prior to being worked. Compensatory time must be approved by supervisor prior to being taken.**

Employee Name: \_\_\_\_\_

Date overtime to be worked: \_\_\_\_\_

Number of hours to be worked: \_\_\_\_\_

Reason for Overtime (type inside box):

APPROVED:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

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I request that the above overtime be taken in compensatory time as indicated below.

\_\_\_\_\_  
Date(s) Requested

\_\_\_\_\_  
# of Hours Requested

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

APPROVED BY:

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH PAYROLL.**