

Approval for Overtime / Compensatory Time

Directions: This form should be used by administrators, directors, coordinators, supervisors, and principals to seek the approval of the Superintendent for overtime or compensatory time for employees.

Employee Name: _____ Employee #: _____

Supervisor Name: _____

School Name: _____

Approval for: Compensatory Time or Overtime Pay (circle one)

Number of hours being requested: _____

Date(s) in which the hours will be worked: _____

If Compensatory Time Off, when will the time be taken within the pay period?

Description of need: _____

Approved: _____

Denied: _____

Paul McKendrick, Ed.D.

NOTES:

- If overtime pay is approved, a copy of this form should be submitted to payroll in order to pay the employee the OT pay.
- If compensatory time off is approved, it is the supervisor's responsibility to insure that the time is taken within the pay period.