



REQUEST FOR OVERTIME APPROVAL

Employee: _____ **Position:** _____

Date	Hours	Purpose	Reimburse Comp or OT

PLEASE NOTE:

- Respective Administrator (VP) to approve all overtime prior to assignment.
- Overtime forms must have appropriate account number that overtime is to be charged to.
- Forms must be submitted in payroll office when electronic timesheets are due.
- Late or incomplete overtime forms may result in the delay of overtime payment.

#1 Supervisor Approval: _____

#2 Administrator (VP) Approval: _____

#3 Overtime To Be Charged To FOAP: _____

#3 FOAP Approver Correction/Comment _____

#3 FOAP Approver Signature: _____

#4 Executive Director, Financial & Fiscal Services Approval/Signature: _____

#5 Superintendent/President Approval : _____ **Date:** _____