



**OVERTIME/ADDITIONAL HOURS  
REQUEST AND AUTHORIZATION FORM**

**\*\*Not for teacher use\*\***

Employee \_\_\_\_\_ Date of Request \_\_\_\_\_  
(Please print)

Building/Department \_\_\_\_\_ Position \_\_\_\_\_

What specific job activity(ies) need to be completed? \_\_\_\_\_

Reason(s) you feel the job activity was not able to have been completed during normal work day

Estimated amount of overtime/additional hours being requested (in hours) \_\_\_\_\_  
(Circle One)

Date(s) of overtime/additional hours being requested \_\_\_\_\_  
(Circle One)

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

\_\_\_\_\_  
Approved Supervisor Signature

**To Be Completed by Business Office**

Approved/Disapproved \_\_\_\_\_  
Executive Director of Business

\_\_\_\_\_  
Date

**Below To Be Completed by Employee after Executive Director of Business Approval**

**First Week**

	Date	O.T. Hrs.	Add. Hrs.
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Totals			

**Second Week**

	Date	O.T. Hrs.	Add. Hrs.
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Totals			

Signed \_\_\_\_\_  
Employee

Approved \_\_\_\_\_  
Supervisor

***After completion of the above approved overtime, return this sheet to Payroll***

**To Be Completed by Payroll**

Pay Period Ending \_\_\_\_\_

Paid \_\_\_\_\_