



Classified Overtime Approval

Please Mark Approval Type Requested

Pre-Approval

Post Approval

Name _____ Building _____

Position _____ Date of Requested Overtime _____

Supervisor Name/Department _____

Reason for Overtime:

Employee Signature

Date

Approved

Disapproved

Supervisor Signature

Date

Approved

Disapproved

Superintendent or Designee

Date

Submit completed form to Central Office

5/26/2016