

REQUEST FOR OVERTIME

FOR HOURLY EMPLOYEES

DIRECTIONS: Complete and return this form to the Superintendent if you are requesting overtime for hourly employees. **You will only be paid for overtime that is authorized in advance by the use of this form.**

Name of Hourly Employee: _____

Reason of Overtime Request: _____

Cost of Request:

Total overtime hours: _____

150% of normal hourly rate \$ _____

Total Cost \$ _____

Beginning date of requested overtime: _____

Ending date of requested overtime: _____

Requesting Administrator

Date

Approval of Superintendent

Date

**** Actual hours worked should be reported on employee's time sheet.**