

**8.2.1F2 – OVERTIME DOCUMENTATION FORM**

**Please complete the information below and return to the employee’s Supervisor and copy to the District office.**

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Employee Name \_\_\_\_\_

Job Assignment \_\_\_\_\_

Building \_\_\_\_\_

Overtime Hours Worked:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for Overtime:

Comments:

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_