

Classified Employees Overtime/Off-Contract Request and Approval Form

Date Submitted: _____

Employee Name: _____

Job Assignment: _____

Building: _____

Overtime/Off-Contract Hours Requested

Date(s): _____

Hours per Day: _____

Reason for Overtime/Off-Contract Work:

Employee Signature: _____

Requested By (Administrator, Principal or Director): _____

Approved By (Superintendent or Designee): _____

Date Approved: _____