

ATTACHMENT #1

PERSONNEL

03.221 AP.24

- CLASSIFIED PERSONNEL -

Overtime Approval Form

FOR PRIOR APPROVAL OF OVERTIME HOURS, COMPLETE THIS FORM AND SUBMIT IT TO THE CENTRAL OFFICE.

Hourly classified employees required to work in excess of forty (40) hours per week will be paid at the rate of 1½ times the regular rate for all hours beyond forty (40) as provided by law. Overtime must be approved in advance by the Superintendent or designee.

Please grant approval for _____
(Employee/Job Title)

to work overtime on _____ at _____
(Date) (Location)

The total estimated overtime hours shall not exceed _____.

DESCRIPTION OF WORK TO BE PERFORMED: _____

EXPLAIN WHY OVERTIME IS NECESSARY: _____

EXPLAIN HOW OVERTIME WILL BENEFIT DISTRICT: _____

Requested by: _____

Approved by: _____
(Superintendent/Designee)

OVERTIME VERIFICATION

The above listed job has been completed and did not exceed the prior approved number of hours. The above listed employee's actual overtime hours for the completion of this project are _____ hours.

Verified by: _____
(School Level/Principal)
(District Level/Superintendent or Designee)

AFTER VERIFICATION, RETURN THIS FORM TO THE PAYROLL CLERK AT THE CENTRAL OFFICE.

RELATED PROCEDURE:

03.121 AP.23