WEST POINT CONSOLIDATED SCHOOL DISTRICT
APPROVAL REQUEST FOR EMPLOYEE OVERTIME

Employee Name: _____

Building/Department: _____

Employee's Position: _____

Date(s) overtime is to be worked: _____

Time to be worked: _____ Total hours of overtime: _____

Reason employee is needed for overtime: _____

_____

_____

_____ _____

Employee Signature Date

_____ _____

Principal/Supervisor Signature Date

_____ Overtime Approved

_____ Overtime Not Approved

_____ _____

Superintendent Date

*****THIS FORM MUST BE PRINTED ON LAVENDER PAPER*****