

GADSDEN COUNTY SCHOOL DISTRICT
AUTHORIZATION FOR OVERTIME WORK

NAME _____

POSITION _____

It will be necessary for the above named employee to work extra hours to complete the following work assignment(s) due to the emergency described:

Dates for which approval is requested for overtime work: _____

Approximate number of hours expected to complete extra work: _____

Signature of Employee: _____

Authorized by: _____
Director or Immediate Supervisor

Date of Authorization: _____

Approved by: _____
Superintendent or Assistant Superintendent

Date Approved: _____

NOTE: No payment will be made for overtime work unless authorization is granted in advance of work by Director or Immediate Supervisor and approved by the Superintendent or Assistant Superintendent.

PERCENT	FUND	FUNCTION	OBJECT	CENTER	PROGRAM	PROJECT