

GADSDEN COUNTY SCHOOL DISTRICT
REQUEST FOR PAYMENT FOR OVERTIME HOURS WORKED

PAY PERIOD: _____

NAME _____ EMP.ID # _____

POSITION _____

DATE _____

I hereby request reimbursement for overtime hours worked. I understand that I will receive reimbursement at my regular rate of pay for all extra hours EXCEPT those hours that result in my work week containing more than 40 hours. Those hours more than forty will be paid at a rate of 1.5 times my regular rate.

(Please complete separate line for each week in which overtime was worked.)

Week Ending _____ Hours over 40 _____

Week Ending _____ Hours over 40 _____

Week Ending _____ Hours over 40 _____

Week Ending _____ Hours over 40 _____

Week Ending _____ Hours over 40 _____

Week Ending _____ Hours over 40 _____

TOTAL HOURS OVERTIME WORKED _____

SIGNATURE OF EMPLOYEE: _____

APPROVED BY: _____

DATE SIGNED: _____

(Copy of Authorization for Overtime Work **must** be attached to request for payment.)

PERCENT	FUND	FUNCTION	OBJECT	CENTER	PROGRAM	PROJECT