

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