

# OVERAGE/OVERTIME REQUEST FORM

Please submit this request to your supervisor for authorization. The supervisor will forward approved requests to the superintendent's office.

Employee: \_\_\_\_\_

Date	Day	Hours Requested	Reason for Request

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION:**

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_