



Justification of Overtime

Except for emergencies, supervisor approval is required prior to working O.T. Hours.

If you are requesting O.T. compensation, this form MUST be submitted in the month that the O.T. hours were earned.

Name _____ School/Location _____ Month _____ Year _____

Date	O.T. Hours	Detailed Description of Work	Supervisor/Administrator Approval
TOTAL O.T. HOURS			

I certify that the hours listed above are true/accurate:

Employee Signature _____

Supervisor/Administrator Signature _____

Date _____