

St. Martin Parish School Board

Proposed Overtime Request - Other Than for an Emergency

Completed form to be retained by Business Office

Date Submitted				
Eligible Employee (name)				
Employee Number				
Department				
Brief statement describing the need for work beyond a forty (40) hour work week.				
Employee's Signature				
Approved By (print name)				
Approval Signature -Immediate Supervisor		Date Approved		
Superintendent's Signature		Date Approved		
Anticipated Costs				
Proposed Dates (list below)		Hourly Rates	# of Hours	Total Costs
	Hourly Rate			
	Hourly Rate times 1 ^{1/2}			
	Anticipated Fringe Benefit Cost at 20%			
	Total Projected Costs			
<i>This authorization form documents advance approval to work overtime. Actual overtime payments, if any, will be calculated in accordance with the Fair Labor Standards Act, which may result in payments differing from anticipated costs.</i>				

IMPORTANT NOTICE

By signing and submitting this form you agree that the request for overtime does not involve any duties relating to public safety or emergency response activities. Additionally, you certify that you have been identified by School Board as an eligible employee who is nonexempt for purposes of overtime compensation in accordance with the Fair Labor Standards Act.