



CFBISD OVERTIME REQUEST FORM

Overtime payments require this form be completed in advance of the overtime work. Overtime is paid only when forty hours have been worked within one normal business week. All clock-ins and clock-outs must be done within the District's network. Per Board Policy (DK) , follow the normal work schedule set by your supervisor. Please check with your supervisor on your location's normal hours of operation.

EMPLOYEE NAME	JOB TITLE	EMPLOYEE ID	DATE FORM COMPLETED

IMMEDIATE SUPERVISOR	BUILDING/DEPARTMENT

ANTICIPATED DATE(S) OF OVERTIME

START DATE	END DATE	START TIME	END TIME	Total Hours

ANTICIPATED NUMBER OF OVERTIME HOURS

Please provide an explanation of the work that requires more than 40 hours/week to complete.

SUPERVISOR SIGNATURE	DATE OF APPROVAL	CABINET MEMBER SIGNATURE	DATE OF APPROVAL

- Overtime is paid based upon completion of this form. In the event of an emergency the form must be completed within the week of the overtime worked.
- It is the responsibility of the employee to submit a signed time sheet for specific overtime work before payroll will be completed.
- The form will be returned to the immediate supervisor.

PAYROLL USE ONLY:

DATE RECEIVED	RECEIVED BY