DCSD NUTRITION SERVICES/WAREHOUSE EXTRA TIME/OVERTIME REQUEST FORM

DATE:	
EMPLOYEE NAME	
POSITION:	SITE:
Overtime is any time Superintendent or C	Time Definitions: ditional time worked over the contracted time on any given day and does not exceed 40 hours in a work week. e worked over 40 hours during the Monday-Sunday work week. ALL overtime must be approved by the hief Financial Officer prior to working the OT hours. I must be secured prior to working any extra or over time
Extra Time	-
Date Needed:	Time Worked (ex. 1:30-1:45) Total Hrs:
Reason:	
Overtime	
Date Needed:	Time Worked (ex. 3:00-5:15) Total Hrs:
Reason:	Time Worked (ex. 5.00 5.15)
*OT Early Release	is or is not taken within same work week.
Date:	Time Released Early (ex: 3:00-5:30 p.m.) Total Hrs:
	work week - reason:
	IF UNABLE TO TAKE EARLY RELEASE Pre-approval must be secured from DCSD Superintendent or CFO before working.
Reason <u>cannot take early release day:</u>	
Employee Signature	e: Date Manager Initial
Requested <u>extra</u> or	over time with early release on another day is: Approved Not Approved
Supervisor Signatur	e: Date:
	IF UNABLE TO TAKE EARLY RELEASE TIME AND >40 HRS REQUESTED IN A WORK WEEK MUST HAVE AUTHORIZATION SIGNATURE BELOW PRIOR TO WORKING OVERTIME.
Superintendent/CF	O Signature: Date:
week. The only excep	ed time off for early release to compensate for more than 8 hours worked on any given day must be taken within the same work tion is when no time is available that same week, i.e., when working extra time on Friday for an emergency and not scheduled to plicable, the following week compensation time must fall within 5 work days.