

## OVERTIME PERMISSION FORM

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

Date: \_\_\_\_\_ Cost Center: \_\_\_\_\_

Where is work to be performed? On Site \_\_\_\_\_ Other \_\_\_\_\_

If Other, explain \_\_\_\_\_

Reason(s) necessitating overtime \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Estimated time needed to complete this task** \_\_\_\_\_

I, \_\_\_\_\_, understand that compensation for overtime will be in the form of Compensatory Time as stated in DeKalb County's Policies and Procedures Book and agree to work under these terms.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>Denied</b>	<b>Approved</b>
_____ Principal/Supervisor / Date	_____ Principal/Supervisor / Date
_____ Overtime Completion Supervisor Verification / Date	_____ Overtime Completion Supervisor Verification / Date
_____ Superintendent / Date	_____ Superintendent / Date

*Note: Salary for overtime work must be pre-approved by the Superintendent, and would only be granted under rare and unusual circumstances.*

**Attach this completed form to the weekly time sheet which shows hours worked and forward to the Central Office. This form must be turned in with payroll by the 5<sup>th</sup> day of the respective following month. Time is of the essence.**

**This form is void without the superintendent's signature.**