



**CANUTILLO INDEPENDENT SCHOOL DISTRICT
OVERTIME PAY AUTHORIZATION FORM**

Date: _____

Campus/Dept: _____

Employee Name: _____
(Please use full legal name)

Employee ID: _____

Note: All overtime work must be approved prior to being worked. Overtime is calculated on a weekly basis, not by day or pay period. CISD's work week is Sunday through Saturday. Use one form per time card. Do not indicate any week that is not in the corresponding time card. Late submission will result in overtime being posted as compensatory leave.

Instructions on completing this form:

1. Indicate the reason for overtime pay
2. Indicate the work week start date in which overtime is being approved for payment
3. Supervisor Signature - Required
4. Employee Signature - Required
5. Attach to corresponding Time Card

Reason for overtime pay: _____

****Note:** Only indicate the work week start date in which the overtime will be paid. Do not indicate every day in the time card. Overtime will be paid for the entire work week, not for a single day. Number of weeks in each pay period will vary.

Work Week 1 State Date: _____

Work Week 2 Start Date: _____

Work Week 3 Start Date: _____

Work Week 4 Start Date: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____