

CANUTILLO ISD

REQUEST FOR APPROVAL OF OVERTIME

Date of request _____

Employee _____

Campus/Department _____

Dates of overtime requested _____

Task to be accomplished during overtime period _____

Reason this work must be done on overtime _____

Employee Signature _____

Approval of Overtime Work:

_____ Not Approved

_____ Approved for _____ minutes/hour(s) of Compensatory Time

_____ Approved for _____ minutes/hour(s) of Overtime Time Pay (attach approval by Human Resources Executive Director and budget line item for payment.

Account Number: _____

Supervisor signature _____