

# PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT OVERTIME APPROVAL FORM

**ALL OVERTIME MUST BE APPROVED BY THE PRINCIPAL/SUPERVISOR BEFORE WORKED.**

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Campus/Department \_\_\_\_\_

Reason for Overtime: \_\_\_\_\_

\_\_\_\_\_

Date(s) Overtime Needed: From \_\_\_\_\_ To \_\_\_\_\_

Number of Day(s)/Hour(s) needed to complete job: Day(s) \_\_\_\_\_ Hour(s) \_\_\_\_\_

\_\_\_\_\_

This form must be completed and signed by the principal/supervisor requesting overtime for their campus or department.

\_\_\_\_\_  
Signature of Principal/Director

\_\_\_\_\_  
Date

Approved

Denied

\_\_\_\_\_  
Deputy Superintendent

\_\_\_\_\_  
Date