

Oakes Public School

Classified Staff Overtime Request

This Form must be completed BEFORE incurring overtime. Supervisor may approve or deny overtime.

Employee Name: _____

Describe why overtime is needed?

Date: _____

Estimated Hours needed _____

Employee Signature

Supervisor Signature

Complete the bottom part of this form upon conclusion of the overtime event. IF the hours worked are different from the approved hours above both the employee and supervisor must sign below. IF the hours worked are exactly the same as the approved hours the form does not have to be resigned by the employee and supervisor.

Date Worked _____
Month Day Year

Hours Worked _____

Employee Signature

Supervisor Signature

Employee must submit the completed form to Shannon Jepson, Business Manager.