



# CANTON PUBLIC SCHOOL DISTRICT

## Office of Business and Finance

Tony Foster  
*Director*  
Tracy Lewis  
*Assistant. Director*

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### OVERTIME/COMPENSATION PRE-APPROVAL FORM

Proposed Overtime Date(s): \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Employee's Job Title \_\_\_\_\_

Estimated hours required for assignment: \_\_\_\_\_

Assignment requested by: \_\_\_\_\_

Comments: \_\_\_\_\_

Please mark which option you prefer to be compensated:

By signing below, I understand and agree to the compensation method selected. I also understand that this form serves as pre-approval of additional hours to be worked.

Option 1: Pay

Option 2: Comp Time

Employee's Signature

Supervisor's Signature

\_\_\_\_\_

\_\_\_\_\_

Date

Date

\_\_\_\_\_

\_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Superintendent

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**"Perseverance Conquers All"**

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