




Standard Operating Procedure: Overtime Request for Staff Members

Subject: Overtime Request	Effective Date:	Page 1 of 1
	Approved by: Dr. Donnie W. Evans	Signature: 

I. Purpose

To establish District Guidelines for the proper procedure(s) in Paterson Public Schools for overtime.

II. Authority

The State District Superintendent

III. Terms and Conditions

Employees who need to complete time-sensitive projects and/or are required to attend events in their department may be approved for overtime with a written request by their immediate supervisor, Deputy Superintendent and Assistant Superintendent in advance. Such statement shall include the event and /or assignment that the employee wishes to complete or attend, the date requested and the nature of the task/event. No one will have overtime approved for tasks, projects, or events which should be completed during their normal work day.

a. Deputy Superintendent, Immediate Supervisor and Assistant Superintendent must sign-off on the request.

b. Overtime pay should not exceed 5% of employee's salary when it is requested of a staff member by his/her immediate supervisor, Deputy Superintendent and approved by the Assistant Superintendent.

c. If overtime continues to be requested and may exceed the allotted 5% cap, work hours should be reviewed and a change in schedule considered.

IV. Reporting Procedures

a. Overtime Requests must be copied to the following individuals:

I. Staff Member

II. Immediate Supervisor

III. Assistant Superintendent

IV. Deputy Superintendent

V. Dissemination

All Building Principals, Supervisory and Administrative employees of the Paterson Public School District.



Overtime Request Form

Request for _____ from _____ to work
(Name of employee) (Name of department)

Overtime justification outside of your normal responsibility

Overtime to complete the following task:

Date _____ overtime to be worked.

Approved by:

(Immediate Supervisor)

(Date)

Approved by Cabinet Level Administrator:

(Cabinet Member)

(Date)

**Paterson Public Schools
90 Delaware Avenue
Paterson, New Jersey 07503**

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Action 4 _____

Date	Description of Work Performed	Hours From	To	Total
TOTAL.				

Employee's Signature _____

Date _____

Approved by Supervisor _____

Date_____

Assistant Superintendent _____

Date _____

FOR PAYROLL USE ONLY

Hours	<u> </u>	Hourly Rate	\$ <u> </u>	Total \$	<u> </u>
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Hours _____ **Time & A Half Rate \$** _____ **Total \$** _____

Hours _____ Double Time Rate \$ _____ Total, \$ _____

TOTAL OVERTIME 4

Processed by _____ Date _____

Reviewed by _____ Date _____

All Information Must Be Completed For Processing