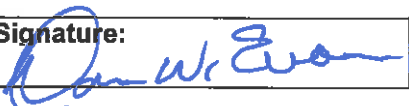


Standard Operating Procedure for Use of Facilities and Overtime

Subject: Use of facilities and overtime by an outside vendor and/or district staff	Effective Date: Immediately	Page 1
	Approved by: Dr. Donnie W. Evans	Signature: 

- I. **Purpose**
To establish District Guidelines for the proper procedure(s) in Paterson Public Schools for the use of facilities and overtime payment.
- II. **Authority**
The State District Superintendent
- III. **Procedures**
 - a. The request for the use of a District facility will be entered at the building level into School Dude
 - b. The Facilities Department will generate an invoice whereby the group or individual requesting the facility usage will pay for the custodial and security staff needed for the event, with the exception of City Recreation Department, Council members, Mayor and Board Commissioners
 - c. Any fees required for the event must be paid 10 days prior to the date requested for facility usage or the use of the facility will be cancelled
 - d. The Facilities Department designee will notify the outside company requesting use of the facility when payment has not been received and the program has been cancelled
 - e. The custodian and security staff must send a request for overtime, signed by the building administrator to their immediate supervisor for approval and then to the Cabinet level administrator and finally on to the Deputy Superintendent for signature, provided the event was approved and paid for in advance. Once the event has occurred an overtime sheet will be sent to the immediate supervisor and Cabinet level administrator for payment approval. Once approved a copy will be sent to the Deputy Superintendent with all signatures.
- IV. **Reporting Procedures**
 - a. Facility use and overtime must be copied to the following individuals:
 - i. Staff Member
 - ii. Immediate Supervisor/Principal
 - iii. Assistant Superintendent
 - iv. Deputy Superintendent
- V. **Dissemination**
All building Principals, Supervisory and Administrative employees of the Paterson Public School District.

Overtime Request Form

**** Complete this form five (5) days in advance of the date to be worked resulting in overtime.**

Date Submitting Form: _____

Request for _____ from _____
(Name of employee) (Name of department or School Location)

to work overtime.

Overtime justification outside of your normal responsibility:

Account #: _____

Date _____ **overtime to be worked.**

Approved by:

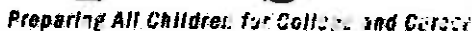
(Immediate Supervisor) (Date)

Approved by Cabinet Level Administrator:

(Cabinet Member) (Date)

Approved by Deputy Superintendent: _____ (Date)

If this form is not approved in advance of the date to work overtime, the overtime will not be paid.



**90 Delaware Avenue
Paterson, New Jersey**

Date _____

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Reviewed By: _____ Date: _____ Verified By: _____ Date: _____