

**MOUNT VERNON CITY SCHOOL DISTRICT
OVERTIME APPROVAL REQUEST FORM**

ALL OVERTIME MUST HAVE PRIOR APPROVAL. STAFF WILL NOT BE COMPENSATED FOR UNAPPROVED OVERTIME.

Complete and submit this form to your building or department administrator prior to working overtime. Your administrator must sign the form and submit it to the Superintendent of Schools for approval.

EMPLOYEE INFORMATION

NAME _____

SCHOOL OR DEPARTMENT _____

POSITION: ☐ Administrator ☐ Teacher ☐ Security ☐ Psychologist ☐ Counselor ☐ Social Worker

☐ Teaching Assistant ☐ Speech Therapist ☐ Other _____

☐ CSEA Employee

Title _____

OVERTIME INFORMATION

DATE(S) TO WORK REQUESTED OVERTIME _____

NUMBER OF OVERTIME HOURS REQUESTED _____

REASON FOR REQUESTED OVERTIME _____

REASON WHY WORK CANNOT BE COMPLETED DURING NORMAL WORK HOURS _____

HAVE ALL OPPORTUNITIES TO FLEX SCHEDULE BEEN EXHAUSTED? ☐ YES ☐ NO

If Yes, explain how. If No, then please see your immediate supervisor to discuss a flex schedule.

IS THE SCOPE OF WORK OUTSIDE THE NORMAL FUNCTIONS OF YOUR JOB DESCRIPTION? ☐ YES ☐ NO

If Yes, please explain.

EMPLOYEE SIGNATURE _____

DATE _____

CERTIFICATION AND AUTHORIZATION (FOR OFFICE USE ONLY)

PRINCIPAL OR DEPARTMENT ADMINISTRATOR

RECOMMENDED APPROVAL: ☐ YES ☐ NO

SUPERINTENDENT OF SCHOOLS

RECOMMENDED APPROVAL: ☐ YES ☐ NO

SIGNATURE _____

DATE: _____

SIGNATURE _____

DATE: _____