



San Benito C.I.S.D
240 N. Crockett St.
San Benito, TX 78586
Ph.: 956-361-6100
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COMP/OVERTIME APPROVAL

Employee: _____
Employee Name (Printed) Employee I.D.

Employee Primary Assignment: _____

Employee Secondary Assignment: _____

Campus/Department: _____

☐ Comp Time

☒ Overtime Pay Approval

***Please remember for **overtime** approval you will need the appropriate signatures below.*

Amount Requesting:	For the Week of (mm/dd/yyyy):
Reasoning behind this request:	

Employee Signature

Date

Supervisor Signature

Date Approved

* _____
CAO/CFO/Executive Director of Admin
Services or Superintendent signature

Date Approved