

Wink-Loving Independent School District

Overtime (OT) Authorization

I _____ authorize _____ to work
print supervisor name print employee name

overtime on _____ for _____ hours.
date number of hours

The employee will be compensated with compensatory overtime pay at a rate of *time-and-a-half* (1 ½) for each hour of overtime.

The specific reason for this request: _____

Supervisor Authorization:

supervisor signature

date

Employee Certification:

I agree with the above terms. Furthermore I certify that all of the information above is to the best of my knowledge and belief true, correct and in accordance with Wink-Loving ISD overtime compensation policy and procedures as outlined on the adjacent side of this authorization form.

employee signature

date