



Hazlehurst City School District

Excellence is the Expectation

Dr. Nonya C. Thrasher, Interim Superintendent

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REQUEST FOR ADDITIONAL HOURS/OVERTIME

Please Print

Overtime Requested for:

_____ to _____
Beginning Date Ending Date

Employee (1)

Anticipated # of Hours

_____ to _____
Beginning Date Ending Date

Employee (2)

Anticipated # of Hours

_____ to _____
Beginning Date Ending Date

Employee (3)

Anticipated # of Hours

Purpose:

Supervisor Requesting Overtime _____
Signature Date

___ Approved

___ Denied _____
If denied, provide reason

Superintendent _____ Date _____