

LONG BEACH PUBLIC SCHOOLS

OVERTIME REQUEST AND AUTHORIZATION

Please submit your request for overtime to your supervisor. The request must be submitted PRIOR to working overtime and it must be authorized by your supervisor. This form will then be returned to you to complete the section on actual hours worked and to sign the certification. At that time, your supervisor will also sign for authorization of payment or compensation.

Employee Name

Project or description of work requiring overtime

Why work cannot be completed during regularly scheduled hours

ESTIMATED OVERTIME

DATE	FROM	TO	HOURS

I authorize this request to work overtime hours.

Supervisor's Signature

Date

ACTUAL OVERTIME

DATE	FROM	TO	HOURS

I certify that this is a true and correct claim of overtime incurred by me on the above dates.
I wish to receive Payment or Comp Time for the above hours.

Employee's Signature

Date

I certify that this is a true and correct claim or overtime incurred by the above employees on the above dates. Therefore, I authorize payment/comp time for the above overtime.

Supervisor's Signature

Date