

MONTGOMERY COUNTY PUBLIC SCHOOLSService Employees International Union Local 500
Elected Support Representative (ESR)**Request for Use of ESR Overtime**Office of Finance (OOF)
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

When possible and appropriate, principals are expected to adjust the work schedule of the Service Employees International Union (SEIU) Local 500 representative to the instructional leadership team on days when such meetings are held to allow for participation during the normal workday of the unit member.

This form is to be used to request prior approval for the use of ESR overtime during the school year in situations where the instructional leadership team meeting occurs outside the normal work hours of the SEIU unit member and the employee's schedule cannot be adjusted.

A separate form must be submitted for approval for each date the use of overtime is necessary, at least two weeks prior to the meeting date.

INSTRUCTIONS: To request ESR overtime, the employee's principal should complete this form and submit it for approval via email to SFOT@mcpsmd.org or Pony to the School and Financial Operations Team, CESC, Room 170.

SECTION 1: SCHOOL INFORMATION

School Name _____ School Number _____
Official School Start Time: _____ a.m. Official School End Time: _____ p.m.

ESR Name:**Employee ID#**

Employee's Job/Position Title _____ **Total FTE Assigned:** _____

EMPLOYEE'S REGULAR WORK SCHEDULE:

Daily Start Time: Daily End Time: # Hours/Day: # Day/Week:

SECTION 2: REASON FOR ESR OVERTIME**LEADERSHIP TEAM MEETING DATE & TIME**

MEETING DATE: Meeting Start Time: Meeting End Time: Overtime Hours Requested for This Meeting Date:

Please explain why the employee's work schedule cannot be adjusted on this date to allow for participation with in the employee's scheduled hours of work: _____

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Principal's Name (printed)_____
Signature, Principal_____
Date**SECTION 3: APPROVAL/AUTHORIZATION FOR ESR OVERTIME**

Approved Not Approved NOTE: _____

Signature, Associate Superintendent of Finance/Designee_____
Date