

Authorization for Employee Use of Overtime

Office of Finance
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS: To request employee overtime, the employee's immediate supervisor should complete this form and submit for approval to the appropriate account manager, according to directions below. An approved copy should be provided to the employee **prior to use of overtime** or as soon as possible following the day on which overtime was used. The employee is responsible for entering the overtime on the time card in Hub+ and submitting to the line manager for approval. A copy of the approved overtime request should be kept on file with the payroll records.

EMPLOYEE INFORMATION

Employee Name _____ Employee ID# _____
Job/Position Title _____ Base Work Location _____

EMPLOYEE'S REGULAR WORK SCHEDULE

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

SECTION I: OVERTIME REQUEST AND REASON FOR OVERTIME

Location Worked _____

Overtime Date(s): _____ Start Time: ____:____ End Time: ____:____ # of Hours Requested _____
(if only 1 day) (if only 1 day)

Reason for Overtime (check as appropriate)

- Maintenance project
 Construction project
 Indoor air quality
 Equipment failure
 Emergency situation
 Keep schools in operation
 To meet deadlines
 OTHER: Additional reason(s) for overtime requires signature of the associate superintendent of finance/designee

Reason for Overtime Please Explain

If authorization is after the fact, check the appropriate reason:

- Confirmation of prior verbal authorization
 Other (please explain) _____

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.

_____ /_____/_____
Signature, Principal/Supervisor/Director/Building Service Supervisor/Cafeteria Supervisor *Date*

SECTION II: APPROVAL

ACCOUNT MANAGER

- Maintenance and Operations
 Materials Management
 Food and Nutrition Services
 Transportation
 K-12
 Special Education
 Other _____

Authorization:

Approved
 Not Approved _____ /_____/_____
Signature, Account Manager *Date*

APPROVAL REQUIRED FOR EMERGENCY OVERTIME

Authorization:

Approved
 Not Approved _____ /_____/_____
Signature, Associate Superintendent of Finance/Designee *Date*