

MONTGOMERY COUNTY PUBLIC SCHOOLS

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** (if possible) or as soon as possible following the day on which overtime was used. The employee is responsible for reporting the overtime hours on a timesheet and submitting to the timekeeper. The timekeeper's approval copy should be attached to the employee's time sheet and filed with the payroll records.

EMPLOYEE INFORMATION

Employee Name _____ Base Work Location _____

Employee ID# _____

Job/Position Title _____ Location Worked _____
(if different from base location)

Overtime Date(s) ____/____/____ to ____/____/____ Number of Overtime Hours Requested _____

SECTION I: REASON FOR OVERTIME

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