

MATHIS INDEPENDENT SCHOOL DISTRICT



OVERTIME/COMP TIME AUTHORIZATION REQUEST

Department: _____

Date: _____

Employee: _____

EIN: _____

Position: _____

Pay Rate: _____

I am requesting hours of (Please check as applicable)

Straight Comp Time

Overtime Comp-Time

Straight Time Paid

Overtime Paid

For the above named employee, state the purpose for Overtime: _____

Date(s) Hours to be Worked:

Date: _____ From: _____ To: _____

Date: _____ From: _____ To: _____

Date: _____ From: _____ To: _____

Date: _____ From: _____ To: _____

Total Hours above Normal Work Schedule:

Straight Comp Time: _____

Overtime---Comp Time: _____

Straight Time Paid: : _____

Overtime---Paid: : _____

Fiscal Implication:

Account Number:

Straight Time Paid: _____ Hourly Rate: _____ x Straight Hrs: _____ = \$ _____

Overtime Paid: _____ Hourly Rate: x 1.5= _____ x Overtime Hrs: _____ = \$ _____

Please note the date's compensatory time taken:

NOTE: Compensatory time may only be accumulated up to 32 hours and must be taken within the pay period worked whenever possible but not to exceed 45 days period.

CAMPUS / DEPARTMENT ADMINISTRATOR

DATE

APPROVED DENIED

Superintendent or Administrator for Business Services & Operation

DATE

I agree with the above stipulations regarding my comp-time and / or overtime.

Employee's Signature

DATE