

# 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