



Paid by School
 Yes
 No

Paid by C.O.
 Yes
 No

ALABASTER CITY SCHOOLS BOARD OF EDUCATION

OVERTIME REQUEST FORM

Any request for overtime should be pre-approved by your supervisor on a daily basis before completing your assignment(s).

EMPLOYEE NAME: _____ **FOR PAY PERIOD ENDING** ____/____/____

Date	Description	Pre-Approval Signature	O.T. Hours	Receive Comp Hours
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL HOURS OVER: _____

Signature of Employee

Principal/Supervisor

Superintendent