

Dougherty County School System

PRE-APPROVAL OF OVERTIME/COMP TIME FORM

OVERTIME

COMP TIME

(You must check one)

Location:	Date of Request:
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Request permission for the following to work overtime/comp time.

Name	Employee ID#	Date to Work	School/ Department	Number of Hours	Reason for Request

Supervisor Signature

Date

Executive Director, Finance & Operational Services

Date

APPROVED

NOT APPROVED

Note:

- The Payroll Department will not pay overtime unless authorized by receipt of this form.
- This form must be approved by the Executive Director, Finance & Operational Services or Designee **prior to working overtime.**
- In case of emergency, verbal pre-approval must be obtained and followed by this form.
- Failure to follow these procedures will result in nonpayment of overtime.