

Approval of Overtime for monthly payroll report

Employee Name: _____

Workweek (from-to dates):		Monday	Tuesday	Wednesday	Thursday	Friday
Time over 40 hours (must agree with time sheets)	Hours					
	Minutes					
Purpose of overtime:						
Total overtime claimed this payroll period:					Hours:	
					Minutes:	

Supervisor's Signature: _____

Date: _____

Superintendent's Signature: _____

Date: _____

***Note-** an employee accrues overtime **ONLY** when working more than 40 hours in a work week (Mon-Fri). Any time missed dues to sick leave, holidays, or other leave cannot be counted towards the total hours worked *that* week in determining **eligibility** for overtime.

*"All overtime pay must be initialed by the Superintendent on the monthly payroll form. Such approval for overtime work shall be based on emergency situations only: in all cases, work requiring overtime wages shall be kept to a minimum."
(RCBOE Policy GALA)*