



OVERTIME PRE-APPROVAL AND COMPLETION FORM

Employee: _____ 900 #: _____

SECTION 1: PRE-APPROVAL OF OVERTIME

☐ *Comp-time requested?*

Important Instructions:

- All overtime must be pre-authorized PRIOR to overtime worked.

➤ Reason for Overtime: _____

➤ Approximate Hours Needed: _____

➤ Employee Signature: _____ Date: _____

➤ Supervisor Approval: _____ Date: _____

SECTION 2: VERIFICATION OF OVERTIME HOURS COMPLETED

To be completed by District

Date	Start Time	End time	Reason	FOAP Required (To be Completed by F&FS)
Total Hours				

To be completed by District

SECTION 3: AUTHORIZED SIGNATURES

#1: Authorizing Administrator / VP Signature Date: _____

#2: Fiscal & Financial Services Director/Designee Date: _____

#3: Funding Source: _____ Comments: _____

#4: CBO Approver Signature: _____ Date: _____

RETURN COMPLETED FORM TO THE PAYROLL

09/2025 Payroll