MONTGOMERY COUNTY PUBLIC SCHOOLS

Authorization for Employee Use of Overtime

Office of Finance
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS: To request employee overtime, the employee's immediate supervisor should complete this form and submit for approval to the appropriate account manager, according to directions below. An approved copy should be provided to the employee **prior to use of overtime** (if possible) or as soon as possible following the day on which overtime was used. The employee is responsible for reporting the overtime hours on a timesheet and submitting to the timekeeper. The timekeeper's approval copy should be attached to the employee's time sheet and filed with the payroll records.

EMPLOYEE INFORMATION

Employee Name _____Employee ID#_____

Job/Position Title_____ Base Work Location_____

EMPLOYEE'S REGULAR WORK SCHEDULE

Daily Start Time: _____:_____   Daily End Time: _____:_____   # Hours/Day:_____   # Day/Week_____

SECTION I: OVERTIME REQUEST AND REASON FOR OVERTIME

Location Worked_____

Overtime Date(s): _____   Start Time:_____:_____   End Time:_____:_____   # of Hours Requested_____
(if only 1 day)   (if only 1 day)

Reason for Overtime *(check as appropriate)*

❏ Maintenance project   ❏ Construction project   ❏ Indoor air quality   ❏ Equipment failure   ❏ Emergency situation

❏ Keep schools in operation   ❏ To meet deadlines

❏ OTHER: Additional reason(s) for overtime requires signature of the associate superintendent of finance/designee

Reason for Overtime *Please Explain*

_____

_____

If authorization is after the fact, check the appropriate reason:

❏ Confirmation of prior verbal authorization

❏ Other (please explain) _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

_____   _____/_____/_____
Signature, Principal/Supervisor/Director/Building Service Supervisor/Cafeteria Supervisor   *Date*

SECTION II: APPROVAL

ACCOUNT MANAGER

❏ Maintenance and Operations   ❏ Materials Management   ❏ Food and Nutrition Services   ❏ Transportation

❏ K–12   ❏ Special Education   ❏ Other _____

Authorization:

❏ Approved   ❏ Not Approved _____   _____/_____/_____
                                        Signature, Account Manager   *Date*

APPROVAL REQUIRED FOR EMERGENCY OVERTIME

Authorization:

❏ Approved   ❏ Not Approved _____   _____/_____/_____
                                   Signature, Associate Superintendent of Finance/Designee   *Date*

DISTRIBUTION **AFTER APPROVAL**: COPY 1/Requester/Timekeeper (for payroll verification); COPY 2/Account Manager, COPY 3/Employee