

# THOMASTON PUBLIC SCHOOLS

## OVERTIME AUTHORIZATION FORM

EMPLOYEE NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_ PAY PERIOD ENDING DATE: \_\_\_\_\_

**This form must be submitted to Payroll along with the timesheet for the same date(s).** I understand that no overtime will be paid unless a signed Overtime Authorization is received along with the coordinating timesheet. Further, if no authorization is received, my normal time will be paid, and the overtime will be processed in the following pay period, once the signed authorization is received by Payroll.

Please use a separate form for each incident of overtime.

DATE OF OVERTIME	NUMBER OF OVERTIME HOURS REQUESTED	REASON FOR OVERTIME	IF REPLACING AN ABSENT EMPLOYEE, WHO ARE YOU REPLACING

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrator Signature authorizing overtime: \_\_\_\_\_

Date: \_\_\_\_\_

Received by Payroll: \_\_\_\_\_