

Mississippi Schools for the Deaf and the Blind

OVERTIME FORM

This form is to be utilized for staff who are currently working overtime hours due to staffing. **Remember all overtime must be preapproved by the Superintendent.**

All overtime forms are to be given to Melanie Dearman immediately for payroll entry. If forms are received after the payroll cutoff date, third Saturday of each month, overtime payment will not reflect until the next month's payroll.

Name: _____				
Dates Overtime Worked	From	To	No. of Overtime Hours	Reason
TOTAL OVERTIME HOURS				

SIGNATURE OF EMPLOYEE

DATE: _____

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE: _____

SIGNATURE OF SUPERINTENDENT

DATE: _____

APPROVED

DISAPPROVED

Disapproval Reason: _____