

PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT OVERTIME APPROVAL FORM

ALL OVERTIME MUST BE APPROVED BY THE PRINCIPAL/SUPERVISOR BEFORE WORKED.

Employee Name _____ SSN _____

Campus/Department _____

Reason for Overtime: _____

Date(s) Overtime Needed: From _____ To _____

Number of Day(s)/Hour(s) needed to complete job: Day(s) _____ Hour(s) _____

This form must be completed and signed by the principal/supervisor requesting overtime for their campus or department.

Signature of Principal/Director

Date

Approved ☐

Denied ☐

Deputy Superintendent

Date