

Yorktown ISD

Request for Overtime

Employee Name: \_\_\_\_\_

Date of Overtime to be Worked: \_\_\_\_\_

Reason for Overtime: \_\_\_\_\_

\_\_\_\_\_

Estimated Time Needed: \_\_\_\_\_

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

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

Supervisor Signature: \_\_\_\_\_

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

Approve \_\_\_\_\_

Disapprove \_\_\_\_\_