

Morgan County Board of Education

SUPERVISOR'S REQUEST FOR  
NON-EXEMPT EMPLOYEE OVERTIME

LOCATION \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ POSITION \_\_\_\_\_

DATE(S) OVERTIME IS NEEDED \_\_\_\_\_

NUMBER OF HOURS REQUESTED \_\_\_\_\_

EXTRAORDINARY CIRCUMSTANCES REQUIRING THIS REQUEST

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Central Office Administrator's Approval Date

***EMPLOYEE'S ACCEPTANCE***

I hereby agree to work the above mentioned date(s) that will result in my working in excess of 40 hours during the workweek. I will accept:

\_\_\_\_\_ Paid Overtime

\_\_\_\_\_ Compensatory Time in Lieu of Paid Overtime\*

\*Complete the Compensatory Time Agreement on the reverse side of this form.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_