Authorization for Employee Use of Overtime

CLEAR FORM

Office of the Chief Financial Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 280-19
May 2018

INSTRUCTIONS: To request employee overtime, the employee's immediate supervisor should complete this form and submit for approval to the appropriate account manager, according to directions below. An approved copy should be provided to the employee **prior to use of overtime** (if possible) or as soon as possible following the day on which overtime was used. The timekeeper's approval copy should be attached to the employee's time sheet and filed with the payroll records.

EMPLOYEE INFORMATION

Employee Name _____ Base Work Location _____

Employee ID# ____ ____ ____ ____ ____ ____

Job/Position Title_____ Location Worked_____
(if different from base location)

Overtime Date(s) _____/_____/_____ to _____/_____/_____ Number of Overtime Hours Requested _____

SECTION 1: REASON FOR OVERTIME

Reason for Overtime *(check as appropriate)*

☐ Maintenance project ☐ Construction project ☐ Indoor air quality ☐ Equipment failure ☐ Emergency situation

☐ Keep schools in operation ☐ To meet deadlines

☐ OTHER: Additional reason(s) for overtime requires signature of the chief financial officer/designee

Reason for Overtime *Please Explain*

_____

_____

_____

If authorization is after the fact, check the appropriate reason:

☐ Confirmation of prior verbal authorization

☐ Other (please explain) _____

_____ _____/_____/_____
Signature, Principal/Base-School Building Service/Cafeteria Manager; Supervisor *Date*

SECTION 2: APPROVAL

OFFICE/DEPARTMENT/DIVISION DIRECTOR/ACCOUNT MANAGER

☐ Maintenance ☐ Materials Management ☐ Food and Nutrition Services ☐ Transportation ☐ Plant Operations

☐ School and Financial Operations Team ☐ Other _____

Authorization:

☐ Approved ☐ Not Approved _____ _____/_____/_____
Signature, Account Manager *Date*

CFO APPROVAL—Required for emergency overtime.

Authorization:

☐ Approved ☐ Not Approved _____ _____/_____/_____
Signature, Chief Financial Officer/Designee *Date*

DISTRIBUTION **AFTER APPROVAL**: COPY 1/Principal/Timekeeper (for payroll verification); COPY 2/Account Manager; COPY 3/Employee