

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

AUTHORIZATION FOR EMPLOYEE
USE OF OVERTIME

INSTRUCTIONS: To request employee overtime, the employee's immediate supervisor should complete this form and submit for approval to the appropriate director, associate superintendent, chief operating officer, deputy superintendent, or the community superintendent, 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 _____

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 to protect school property ☐ Keep schools in operation ☐ To meet deadlines
(Submit to appropriate department/division director)

☐ OTHER: Additional reason(s) for overtime requires signature of deputy superintendent/chief operating officer/associate superintendent/community superintendent (nonemergency/office administrative/clerical/technology staff/security)

Reason for Overtime – Please Describe

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

____/____/____
Date

SECTION 2: APPROVAL

DEPARTMENT/DIVISION DIRECTOR

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

☐ Approved ☐ Not Approved

Signature, Department/Division Director

____/____/____
Date

APPROVAL – Submit to Office of School Performance for other school-based staff.

Authorization:

☐ Approved ☐ Not Approved

Signature, Community Superintendent/Chief Information Officer

____/____/____
Date

APPROVAL – Nonemergency/Office Administrative/Clerical/Technology Staff/Security

Authorization:

☐ Approved ☐ Not Approved

Signature, Deputy Superintendent/Chief Operating Officer/
Associate Superintendent/Community Superintendent

____/____/____
Date