

**COLUMBUS MUNICIPAL SCHOOL DISTRICT
APPROVAL REQUEST FOR EMPLOYEE OVERTIME**

Employee name _____

Social Security number _____

Work location _____

Employee's position _____

Date overtime is to be worked _____

Time to be worked _____ Total hours of overtime _____

Reason employee is needed to work overtime

Employee signature / Date

Principal/Supervisor signature / Date

_____ Overtime approved

_____ Overtime not approved

Signature of Superintendent, or Assistant Superintendent / Date