

Calhoun County Board Of Education

Service Employee – Request for Overtime

Department: _____ Workweek Begin: _____ End: _____

Employee Name: _____ Employee No. 914-00-_____

Number of Hours Needed: _____ Date: _____

Reason for Overtime:

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____