

FARMERSVILLE UNIFIED SCHOOL DISTRICT

Overtime / Extra Time Pre-Authorization

Name (print): _____

Employee Signature: _____

Department: _____

School Site: _____

Please Check One	Date	From	To	Total Hours	Purpose	Program to be Charged (e.g. Title I, LCFF, Spec Ed, etc.)	Supervisor's Signature
							Pre-Approval
Comptime							
Overtime							
Extra Time							
Comptime							
Overtime							
Extra Time							
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Overtime							
Extra Time							
Comptime							
Overtime							
Extra Time							
Comptime							
Overtime							
Extra Time							

Total Comptime _____

Total Overtime _____

Total Extra Time _____

District Signature

1. Overtime will be paid for employees who work in excess of eight hours in one workday or over 40 hours per week.
2. Extra Time will be paid at the employees regular hourly rate of pay or any other contractual rate.

THIS FORM MUST ACCOMPANY THE TIMESHEET IN ORDER TO QUALIFY FOR PAYMENT