SAN FELIPE DEL RIO CISD 233901 COMPENSATION PLAN WAGE AND HOUR LAWS

REQUEST FOR APPROVAL OF OVERTIME

Date of request:					
nployee: Campus/Department:					
Dates of overtime requested:					
Task to be accomplished during overtir	me period:				
Reason this work must be done during	overtime:				
Employee signature:					
Approved Denied					
Principal/Supervisor:					
Date:					

DEA (EXHIBIT-)

SAN FELIPE DEL RIO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT COMPENSATORY TIME HOURLY BANK

EMPLOYEE

SOCIAL SECURITY NUMBER

CAMPUS

DATE(S)	REASON	OVERTIME HOURS WORKED	HOURS EARNED (time & 1/2 if applicable)	HOURS TAKEN	BALANCE
BALANCE BROUGHT FORWARD					0.00
		0.00	0.00	0.00	0.00

EMPLOYEE

DATE

ADMINISTRATOR

DATE