

MABTON SCHOOL DISTRICT
CLASSIFIED COMPENSATORY/OVERTIME
REQUEST FORM

Name: _____ **Date Submitted:** _____

I request approval to **work** overtime _____(number) hours on _____(date) in _____ (building). The purpose of this overtime is _____. This request will bring the total number of hours that I have accumulated to-date to: _____(number hours).

Employee: _____ Supervisor : _____

Date: _____ Date: _____

I request to **take** _____(number) of hours as **compensatory time** that was accumulated by working _____(number) hours on _____(date) in _____(building). Refer to above request form. This request will reduce my number of hours that I have accumulated to-date to _____(number of hours remaining). Date Comp Time Taken: _____

Employee: _____ Supervisor: _____

Date: _____ Date: _____

THIS FORM MUST BE TURNED IN AT LEAST 3 DAYS IN ADVANCE OF REQUESTED LEAVE
