

Pleasantville Public Schools

Dr. Dr. Marilyn Martínez
Superintendent of Schools

(609) 383-6800 Ext: 2507
Fax: (609) 677-8108



OVERTIME REQUEST FORM

This form must be submitted at least one week before date of overtime

Employee Name: _____

Location: _____

Date of Overtime: _____

Number of Hours: _____

(Not to exceed this amount)

Overtime Requested By: _____
(Supervisor's Name)

Title: _____
(Supervisor's Title)

Explanation of Overtime Work:

Employee Signature: _____ Date: _____

Chain of Approval

This form **MUST** be approved in the following order:

_____ Approved _____ Not Approved

Superintendent's Signature: _____
Dr. Marilyn Martínez

Date: _____

Supervisor's Signature: _____

Date: _____