

Pleasantville Public Schools

Dr. Natakie Chestnut-Lee
Superintendent of Schools
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(609) 383-6800 Ext: 2507
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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. Natakie Chestnut-Lee

Date: _____

Supervisor's Signature: _____

Date: _____