



**Classified Personnel  
Overtime/Unscheduled Hours Approval Form**

**Code 402.10-E**

This form is to be used to document all overtime or time worked over scheduled hours for classified personnel. Overages may only be approved for reasons relating to building safety and security or for district-required meetings. The supervisor must approve overtime prior to the beginning of the overtime work, except in cases of extenuating circumstances. The supervisor will keep a copy of the completed form in their files and forward the original to Human Resources.

Name of Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Dates of Overtime Work: \_\_\_\_\_ No. of Hours: \_\_\_\_\_

Reason for overtime/unscheduled hours:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overtime/Time over schedule is: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_