



MOREHOUSE PARISH SCHOOL DISTRICT
OVERTIME AUTHORIZATION FORM

Employee Location

___ COC (01)
___ BHS (07)
___ MES (09)
___ BCS (10)
___ DES (15)
___ MSSC (24)
___ SAFS (27)

Today's Date			
Employee Requesting Overtime			
Employee Title		Department	
State & explain purpose of overtime work			
Hours requested to be worked in excess of 40 per week			

Date and time of hours requested to be worked

Date	Start Time	End Time

☐ Request is authorized in full

☐ Request is not authorized

☐ Request is granted, subject to modification as follows:

Supervisor Authorizing Overtime <i>(Print name & Title)</i>	
Signature	
Date	
Funding Source / Account Number	

Business Department Approval

Business Manager / Designee: _____ Date: _____
Superintendent (If applicable): _____ Date: _____

Comments: _____