



Lufkin Independent School District

Overtime Request Form

EMPLOYEE NAME: _____

TYPE OF OVERTIME

Check One

Emergency Call Out _____

Special Event _____

Daily Assignment Overtime _____

Explanation: _____

Prior Approval	Date	Start Time	Stop Time	Hours	Reason for Overtime
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Supervisor will need to initial off on the Prior Approval of daily overtime.

Employee Signature _____

Hours Worked _____

Supervisor Signature: _____

Date: _____

Superintendent Signature: _____

CFO Signature: _____