

Montclair Public Schools

Overtime Request Form

Date of Request:

School/Location: _____ Principal/Administrator: _____

Total Hours Requesting: _____

Employee/Position: _____

Date of Event: _____ Start time: _____ Ending time: _____

Reason for Request:

Principal/Administrator Signature: _____

Approvals Required:

Department Head: _____ Approved Denied
(Level I)

Office of Business: _____ Approved Denied
(Level II)

Personnel Office: _____ Approved Denied
(Level III)

- Please note that the request form must be approved by each level approval before performing any overtime work.
- Employees requesting overtime must receive approval by way of this form before beginning and overtime work.
- Denial by any approver must be submitted to the requestor with the reason for denial
- The Business Office, please forward the approved form to the Office of Personnel.