

ROCKFORD PUBLIC SCHOOLS
PRE-Authorization for Additional Time or Overtime Form

Request for:	
<input type="checkbox"/>	Clerical
<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Tradesmen-Regular
<input type="checkbox"/>	Tradesmen-Special
<input type="checkbox"/>	Truck Driver/Helper
<input type="checkbox"/>	Other _____

Employee Name: _____
 (One sheet per person)

Employee I.D.: _____

Employee's Dept/Loc: _____

Reason/Location of Additional Time or Overtime:

Number of Hours Authorized: _____ **Actual Hours Worked:** _____

Date(s): _____

Account Number: _____
 (Must be 25 digits)

 Initiator Signature Date

 Supervisor or Budget Authority Signature Date

 Chief Financial Officer/Exec Dir of Budget & Purch/Exec Dir of Finance Date

Instructions:

1. Initiator completes form and forwards to Supervisor (Exec Director, Director, Grant Administrator, Principal, etc.).
2. Supervisor forwards form to one of the following for approval:
 Chief Financial Officer
 Executive Director of Budget & Purchasing
 Executive Director of Finance
3. Copies will be forwarded to the Payroll Department and Initiator by the Administrative Assistant of the Chief Financial Officer.