

Montclair Public Schools

Overtime Request Form

Date of Request: ____/____/____

School/Location: _____ Principal/Administrator: _____

Total Hours Requesting: _____

Employee/Position: _____

Reason for Request:

Approvals Required:

Department Head: _____ Approved Denied
(Level I)

Office of Business: _____ Approved Denied
(Level II)

Personnel Director: _____ 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 any overtime work.
- Denial by any approver must be submitted to the requestor with the reason for denial.
- Please forward approved forms to the Office of Personnel.