**DOTHAN CITY SCHOOLS**
REQUEST FOR OVERTIME / EXTENDED TIME

**Employee Name** _____
**(Please print or type)**

**Date for which overtime/extended time is requested** _____

**Approximate number of hours requested** _____

**Explain work that will be done during this time** _____

_____

_____

***I understand that I must have the written approval of my principal or supervisor before I perform work outside of my regularly scheduled work hours*. If extra work does not extend my total hours actually worked beyond 40 hours, I may be paid my regular hourly rate or be granted compensatory time on an "hour for hour" basis. For time actually worked above 40 hours in a week (Sunday through Saturday), I will may be paid 1 ½ times my regular hourly rate or will be granted compensatory time at a rate of 1 ½ hours for every hour worked over 40 in the work week.**

**I also understand that overtime or extended time should be requested because there is a need for such work for the benefit of the school system and that it is not appropriate for me to request overtime or extended time for my benefit or convenience.**

**"Exempt" positions are not entitled to overtime pay or compensatory release time. Exempt employees are those that typically meet one or more of the following criteria:**

1. **Executive, administrative and professional certified employees.**
2. **Non-certified employees (a) whose duties consist of the management of the enterprise in which they are employed; (b) who customarily direct the work of two or more employees; (c) who have the authority to hire or fire or whose suggestions and recommendations as to the hiring, firing, or other change of status decision for other employees will be given particular weight; and (d) who customarily and regularly exercise discretionary powers.**

_____
**Employee Signature** **Employee Position** **Date**

☐ **Approved** **Administrator/Supervisor Signature**_____
☐ **Not Approved** **Date** _____

☐ **Approved** **CSFO Signature** _____
☐ **Not Approved** **Date** _____