

**DOTHAN CITY SCHOOLS
REQUEST TO PAY
OVERTIME / EXTENDED TIME
(Must Be Approved in Advance)**

Support Personnel Name(s):

_____ (Please print or type)

Date(s) for which overtime/extended time is requested _____

Approximate number of hours requested _____

Approximate cost of overtime/extended time _____

Explain work that will be done during this time _____

Proposed fund source for additional costs incurred _____

Administrator/Supervisor Signature Position Date

Approved Chief School Financial Officer Signature _____

Not Approved Date _____

Approved Superintendent Signature _____

Not Approved Date _____