

RP FORM 44(R-02/04)

RICHLAND PARISH SCHOOL BOARD
Request for Approval of Overtime

Date: _____

Request for overtime for _____ to allow completion
of _____
Name of employee

Estimated time needed: _____ Time Worked: _____

APPROVED:

Supervisor Business Manager Superintendent

(This form is to be submitted in duplicate prior to approval of overtime. After approval, white copy will be forwarded to payroll and yellow copy to the employee making the request. Payment will be made on next substitute payroll.)