

Newfield Central School District

Request for Overtime

Supervisor Making Request _____ Date OT is needed _____

Employee _____ Number of hours requested _____

Department/Building _____

Reason OT hours are needed _____

Signature of Supervisor

Date

Funds available _____

Funds not available _____

Business Manager Signature

Date

Approved _____

Denied _____

Superintendent's Signature

Date