



WOODSBORO INDEPENDENT SCHOOL DISTRICT

408 South Kasten Street - P.O. Box 770
Woodsboro, Texas 78393
361-543-4518 / 361-543-4856 fax

TODAY'S DATE: _____

TO: Principal, Supervisor and Superintendent

FROM (PRINT YOUR NAME.): _____

SUBJECT: APPLICATION TO REQUEST PAYMENT FOR OVERTIME OR COMP TIME

NOTE: TO BE CONSIDERED FOR OVERTIME PAYMENT or COMPENSATORY TIME, YOU MUST HAVE APPROVAL **BEFORE** THE TIME IS WORKED.

REQUESTING (Circle one.): COMP TIME OVERTIME PAYMENT

DATE TO WORK	Time IN	Time OUT	REASON FOR NEEDING TO WORK OVERTIME OR COMPENSATORY TIME: <i>What tasks will you be doing?</i>	ADMINISTRATIVE APPROVAL (Signed BEFORE work begun)

Your signature: _____

Please forward to central office.

Signed AFTER work completed.

Superintendent Approval: _____ Date: _____

Personnel Office Notes: