



San Benito C.I.S.D
240 N. Crockett St.
San Benito, TX 78586
Ph.: 956-361-6100
Fax: 956-361-6192

COMP/OVERTIME APPROVAL

Employee: _____
Employee Name (Printed) Employee I.D.

Employee Primary Assignment: _____

Employee Secondary Assignment: _____

Campus/Department: _____

Comp Time

Overtime Pay Approval

***Please remember for overtime approval you will need the appropriate Asst. Superintendent signature.*

Amount Requesting:	For the Week of (mm/dd/yyyy):
Reasoning behind this request:	

Employee Signature

Date

Supervisor Signature

Date Approved

* _____
Appropriate Assistant Superintendent

Date Approved