Walthall County School District

Overtime/Compensatory Time Off Authorization

I _____ authorize _____ to work
print name print name

overtime on _____ for _____ hours.
date number of hours

The employee will be compensated with:

☐ Overtime Pay
☐ Compensatory Time Off

The reason for this request is:_____

_____

_____

_____
supervisor's signature

I agree with the above terms.

_____
employee's signature

If compensatory time off was awarded for this overtime, it was taken on the following dates and time indicated:

Date:_____

Time:_____ Number of Hours_____

_____
employee's signature

_____
supervisor's signature