

PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT COMP TIME/EXTRA HELP/OVERTIME APPROVAL FORM

THIS FORM MUST BE FORWARDED TO THE PERSONNEL OFFICE FOR APPROVAL
BEFORE OVERTIME OR EXTRA HELP TIME IS WORKED.

Employee Name _____ SSN _____

Campus/Department _____

Reason for Extra Help/Overtime: _____

Date(s) Extra Help/Overtime Needed: From _____ To _____

Number of Day(s)/Hour(s) needed to complete job: Day(s) _____ Hour(s) _____

Check type of compensation requested:

Overtime Pay _____ **Comp Time** _____

This form must be completed and signed by the principal/director requesting the extra help/overtime for their campus or department.

Signature of Principal/Director

Date

AGREEMENT: By typing my name above, I agree that this will become my electronic signature and is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Approved

Denied

Deputy Superintendent

Date