



# WEST LAS VEGAS SCHOOLS

## Prior Approval for Over Time Work

Last Name	First Name	MI

Title	Department

### Overtime Information:

Start Date of OT	End Date of OT	Estimated # of OT Hours

Reason for Over Time

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_

Bus Manager: \_\_\_\_\_

Date: \_\_\_\_\_

***Form must be signed/approved by employee and supervisor prior to working overtime.  
Time sheets must be turned in to the Payroll Department monthly.***