

Pleasantville Public Schools

Clarence Alston, Ed. D
Superintendent of Schools



(609) 383-6800 Ext: 2507
Fax: (609) 677-8108
E-mail: alston.clarence@pps-nj.us

OVERTIME REQUEST FORM

*This form must be submitted at least **one week** before date of overtime.*

Employee Name: _____ Location: _____

Date of Overtime: _____ Number of Hours: _____
(Not to exceed this amount)

Overtime Requested By: _____ Title: _____
(Supervisor's Name) (Supervisor's Title)

Explanation of Overtime Work:

Employee Signature: _____ **Date:** _____

Chain of Approval

This form MUST be approved in the following order:

Approved **Not Approved**

Superintendent's Signature: _____ **Date:** _____
Clarence Alston, Ed. D.

Supervisor's Signature: _____ **Date:** _____