



# Miami-Dade County Public Schools Overtime Request Form

## EMPLOYEE INFORMATION

<b>Date:</b>	
<b>Employee Name:</b>	<b>Employee No:</b>
<b>Work Location Name:</b>	<b>Work Location No:</b>

## OVERTIME ACTIVITY/JUSTIFICATION

**Overtime must be approved in advance of working except in cases of emergency**

<b>PROJECT OR TASK TO BE PERFORMED</b>	
<b>REASON(S) THAT TASK MUST BE PERFORMED ON OVERTIME RATHER THAN DURING WORK HOURS</b>	<input type="checkbox"/> Disaster Preparation & Recovery <input type="checkbox"/> Critical Incident Response <input type="checkbox"/> Service Interruption <input type="checkbox"/> Seasonal Resource Demand <input type="checkbox"/> Special Events Coverage <input type="checkbox"/> Fire/Health/Safety <input type="checkbox"/> Extension of Shift <input type="checkbox"/> System Maintenance <input type="checkbox"/> Maintenance of Facility
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Estimated Number of Hours:</b> _____       </div>
<b>ACTIVITY SCHEDULE</b>	<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled
<b>Pay Period Beginning Date:</b>	<b>Pay Period Ending Date:</b> <b>Program:</b> <b>Function:</b> <b>Object: 5131</b>

## APPROVAL INFORMATION

<b>Supervising Administrator:</b>	<b>Supervising Administrator's Signature:</b>
<i>I certify that I have available funds in my overtime account to cover overtime payment and compensatory time and/or adjustment of work hours have been taken into consideration in accordance with applicable labor contract.</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ <b>Regional Superintendent or Cabinet Member</b> <b>Date</b>

**Please complete form and forward to:**      **Compensation Administration**  
 Mail Code 9317, SBAB Annex, Suite #14 0  
 Fax: (305) 995-7045