



Authorization for Employee Use of Overtime

Human Resources

Frederick County Public Schools
 191 South East Street
 Frederick, Maryland 21701

Form 003-F16
 August 2024

Clear Form

INSTRUCTIONS: To request overtime, the employee's immediate supervisor should complete this form and submit for approval to the department director or manager who oversees supplemental budgets, according to directions below. An approved copy should be provided to the employee **prior to use of overtime** or as soon as possible following the day on which overtime was worked. The employee is responsible for reporting the overtime hours on a timesheet and submitting it to the timekeeper. The timekeeper's approval copy should be attached to the employee's timesheet and filed with the payroll records.

[Timesheet for Transportation](#) (Form 187-F01) or [FCPS Timesheet](#) (Form 183-F10)

EMPLOYEE INFORMATION

Employee Name _____ Employee ID# _____
 Job/Position Title _____ Base Work Location _____

EMPLOYEE'S REGULAR WORK SCHEDULE

Daily Start Time: _____ : _____ Daily End Time: _____ : _____ # Hours/Day: _____ # Day/Week _____

SECTION I: OVERTIME REQUEST AND REASON FOR OVERTIME

Location Worked _____

Overtime Date(s): _____ Start Time: _____ : _____ End Time: _____ : _____ # of Hours Requested _____
 (if only 1 day) (if only 1 day)

Reason for Overtime (check as appropriate)

Maintenance project Construction project Indoor air quality Equipment failure Emergency situation

Keep schools in operation

OTHER: Additional reason(s) for overtime requires signature of the associate superintendent of finance/designee

Reason for Overtime Please Explain

If authorization is after the fact, check the appropriate reason:

Confirmation of prior verbal authorization

Other (please explain) _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

_____ / ____ / ____
Signature, Principal/Supervisor/Director/Custodial Supervisor/Cafeteria Supervisor *Date*

SECTION II: APPROVAL

BUDGET OR ACCOUNT MANAGER

Maintenance and Operations Technology Food and Nutrition Services Transportation

PK-12 Special Education Other _____

Authorization:

Approved Not Approved _____

Signature, budget or Account Manager _____ / ____ / ____
Date

APPROVAL REQUIRED FOR EMERGENCY OVERTIME

Authorization:

Approved Not Approved _____

Signature, Associate Superintendent of Fiscal Services/Designee _____ / ____ / ____
Date

DISTRIBUTION AFTER APPROVAL: COPY 1/Timekeeper (for payroll verification); COPY 2/Budget or Account Manager, COPY 3/Employee