

**PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT
106 Washington Avenue
Plainview, NY 11803**

CLERICAL OVERTIME APPROVAL

Employee Name (Please Print)

Position

Building

DAY	DATE	# of hours of overtime requested	Reason for overtime (Use back of form for additional space)

*****MUST HAVE PRE-APPROVAL*****

Employee Signature

Date

Signature of Principal or Supervisor

Date

approved

denied

Signature of Assistant Superintendent

Date