

**CAPITAN MUNICIPAL SCHOOLS  
COMPTIME/OVERTIME  
PRIOR APPROVAL FORM**

<b>NAME:</b>	<b>SS#:</b>	<b>DATE OF REQUEST:</b>
<b>Reason work can not be performed during normal work hours:</b>		
<b>Date work will be done:</b>		<b>Estimated hours required:</b>
<b>EMERGENCY SITUATIONS - when was work done?</b>		
<b>Compensation Requested:</b> <input type="checkbox"/> *Comp Time <input type="checkbox"/> **Paid Time		
<b>Employee Signature:</b>		<b>Supervisor Signature:</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
<b>SIGNATURE OF SUPERINTENDENT:</b>		<b>DATE:</b>
*Comp time will be at the discretion of supervisor. **Paid time will be paid the following month in which it was worked.		

***TO BE COMPLETED AT THE TIME WORK IS COMPLETED***

<b>ACTUAL HOURS WORKED - TIME IN:</b>	<b>TIME OUT:</b>
<b>EMPLOYEE INITIAL:</b>	<b>SUPERVISOR INITIAL:</b>

**PAYROLL USE ONLY**

<b>SICK OR VACATION TAKEN IN WORK WEEK</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>OT HRS WRKD</b>	<b>X 1.0</b>	<b>X 1.5</b>	<b>TOTAL HOURS</b>	<b>LOGGED</b>
<b>CONTRACT AMT</b>	<b>HRLY RATE</b>	<b>X TTL HRS</b>	<b>TTL PAY</b>	<b>PAID</b>