

# NATOMAS UNIFIED SCHOOL DISTRICT REQUEST FOR OVERTIME

**ALL OVERTIME OR COMP TIME MUST BE APPROVED PRIOR TO  
WORKING OVER YOUR REGULARLY ASSIGNED SCHEDULE**

Employee: \_\_\_\_\_

Site/Department: \_\_\_\_\_

Employee Reference # \_\_\_\_\_

Date of Request: \_\_\_\_\_

DATE(S) OVERTIME WILL BE WORKED: \_\_\_\_\_

ESTIMATED HOURS OF OVERTIME: \_\_\_\_\_

I want to be paid for overtime:  
(Attach this form to a timesheet and submit to Payroll Department)

I want overtime to be used as comp time:  
(attach this form to an absence request form)  
NOTE: Comp time cannot exceed 80 hours per fiscal year (per CSEA bargaining unit agreement)

Purpose of Overtime: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_  
Site/Program Manager

Date: \_\_\_\_\_

**ACCOUNT CODE:**

Fund XX	Resource XXXX	Year X	Object XXXX	Site XXX	Goal XXXX	Function XXXX	Local 1 XXX	Local 2 XXX	Hours
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-