

FULLERTON JOINT UNION HIGH SCHOOL DISTRICT CLASSIFIED EMPLOYEE OVERTIME AUTHORIZATION

(Use only by regular 8 hour employee)

This form must be approved by the Assistant Principal of Instruction/Operation prior to performing the work (*one form per event*).
(Must submit by 10th of the month to Payroll)

Employee Name: _____
(Please Print) Classification: _____

Employee ID#: _____ Location: _____

Pay Types	Date(s)	Time (From-To)	# of Hours Approved	Hours Completed
1) Pay Overtime	_____	_____	_____	_____

Work Description: _____

Circle and complete applicable item below ("XX" represents school site number):

1) All overtime generated from Use of Facilities by outside organizations:

Use of Facility Agreement # _____

Circle one account: 01000882XX-2267 (custodian) or 01000827XX-2477 (clerical)

2) ASB/Booster activities authorized by the site:

Use of Facility Agreement # _____ (If applicable)

Circle one account below:

ASB district account: 01980040XX-2267 (custodian) or 2477 (clerical)

ASB account # _____

Booster district account: 01980240XX-2267 (custodian) or 2477 (clerical)

3) All other authorized overtime:

Use of Facility Agreement # _____ (If applicable)

Circle one account below:

0153008RXX-2267 (custodian) or 0153002RXX-2477 (clerical)

or

0124008RXX-2267 (custodian) or 0124002RXX-2477 (clerical)

or

(other account number)

2) Compensation Time _____ (Record Actual Hours)

Employee Signature: _____ Date: _____

Approved:

Assistant Principal of Instruction/Operation Signature: _____ Date: _____

Note: It is the responsibility of the site administrators to maintain all overtime payments within budget.

CORRECTION:

Timekeeper: _____ Date: _____ Payroll: _____ Date: _____

Assistant Principal of Instruction/Operation Signature: _____ Date: _____