

**REQUEST FOR OVERTIME COMPENSATION FORM FOR ATHLETICS**

SYLACAUGA CITY BOARD OF EDUCATION  
Sylacauga, Alabama

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Note: All work tasks requiring overtime compensation must be approved in accordance with policy GALA

Base on provisions of the Fair Labor Standards Act, "exempt" positions are not entitled to overtime pay. "Exempt" employees are those that meet one or more of the following criteria:

Executive, administrative, and professional (certified) employees  
Support employees (a) whose primary duties consist of the management of the enterprise in which they are employed, (b) who customarily direct the work of two or more employees, (c) who have the authority to hire or fire or whose suggestions and recommendations as to the hiring, firing, or other change of status decision for other employees will be given particular weight, and (d) who customarily and regularly exercise discretionary powers.

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Note: This section should be completed under the direction of the supervisor and submitted to the Superintendent for approval prior to authorizing work requiring overtime compensation of any kind.

I herby request approval to authorize the following work requiring overtime work by the specified employee(s).

Date(s) Overtime Work To Be Performed \_\_\_\_\_  
Emergency Work Tasks To Be Performed \_\_\_\_\_

Approximate Overtime Hours Required \_\_\_\_\_

Name(s) Of employee(s) To Perform Work \_\_\_\_\_

Athletic Director Making Request \_\_\_\_\_

Athletic Director's Recommendation: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Athletic Director's Signature \_\_\_\_\_

School Principal's Recommendation: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

School Principal's Signature \_\_\_\_\_

Superintendent's Recommendation: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

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Note: This section should be completed by the employee under the direction of the supervisor after approved work is completed and transmitted to the Payroll Office with the monthly payroll report.

I herby request overtime compensation based on the following information:

Employee's Name \_\_\_\_\_

Number of Overtime Hours worked \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_