

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
OVERTIME AUTHORIZATION**

EMPLOYEE NAME: _____ DATE SUBMITTED: _____

OVT DATE: _____ WEEKDAY: _____ HOURS: _____
FROM / TO

SITE: _____ PERMIT No.: _____ ACTUAL HOURS WORKED: _____

REASON: _____

EMPLOYEE SIGNATURE

DEPARTMENT HEAD APPROVAL

HIGH SCHOOL APPROVAL(ASB/SPORTS ACCT)

TO BE COMPLETED BY PAYROLL OFFICE ONLY.

ACCT.CHARGE: GEN ___ PERMIT ___ SPORTS ___ ASB ___ PERF.ARTS ___ PTA ___ OTHER (EXPLAIN) _____

EMPLOYEE RATE: _____ PAY CYCLE NO.: _____ BUSINESS OFFICE PAYMENT APPROVAL _____

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