



Ganado ISD
210 S. 6th Street, Ganado, TX 77962
361-771-4200

Overtime Pre-Approval Form

Name of Employee: _____

Department: _____ Position: _____

Rationale for need to work overtime:

Number of overtime hours not to exceed: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Budget Code: _____

Hours of overtime actually worked: _____

Explanation for overage (if necessary) :

Corrective Action if not Pre-Approved:

____ Level One Conference

____ Level Two Conference