

Loudonville-Perrysville Exempted Village Schools
Overtime Authorization Form

Employee Name: _____

Date Overtime Scheduled:_____

Reason for Overtime:

Amount of Overtime Authorized: _____

Signature of Classified Supervisor or Principal:

Approval Date: _____

Notes:

**Pre approval is required for all overtime except in emergency situations.
Classified Supervisor or Principal is to attach this form to the employee's
timesheet prior to submitting the timesheet to the Treasurer's Office.**