



**TURTLE MOUNTAIN COMMUNITY SCHOOL
BELCOURT SCHOOL DISTRICT NO. 7**

**PO BOX 440
BELCOURT ND 58316-0440**
We Are An Equal Opportunity Employer

**WEEKLY (Sunday thru Saturday) REQUEST FOR OT PAY/COMPENSATORY TIME
For Work Performed Beyond Regular Hours (Board Policy DCAB)**

(Will be at time-and-a-half if required by FLSA or NDCC. Note: Business Office will convert actual hours to time-and-a-half as necessary.)

Name of Employee: _____ **Person Requesting:** _____ **Date of Request:** _____

FUNDING SOURCE DESCRIPTION: _____ (e.g., HS Contract Title I, Tiny Turtles, Food Service, State Title I)	FUNDING SOURCE 18-DIGIT EXPENDITURE CODE: _____ (e.g., 01 000 000 000 2500 580)	PURCHASING AGENT SIGNATURE: _____ Signature _____ Date Signed _____
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THIS SECTION TO BE COMPLETED AND APPROVED BEFORE EXTRA HOURS PERFORMED.

DETAILS OF REQUEST:

Dates: _____ **to** _____ **Reason:** _____

Maximum Total Hours: _____

Employee's Supervisor Approval:

Superintendent or Business Manager Approval:

Signature _____ **Date** _____ **Signature** _____ **Date** _____

NOTE: OVERTIME AND/OR COMPENSATORY TIME WILL BE AWARDED IN ACCORDANCE WITH THE FAIR LABOR STANDARDS ACT (FLSA) AND ND CENTURY CODE (NDCC).

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THIS SECTION TO BE COMPLETED AFTER EXTRA HOURS PERFORMED AND SUBMITTED TO TIMEKEEPER WHO WILL ATTACH TO APPLICABLE TIMESHEET (must be re-approved if greater than approved hours).

CERTIFICATION OF ACTUAL HOURS WORKED (Report actual hours only -- Do not submit hours at time-and-a-half):

Date: (mm/dd/yy)	From: (Time: hh:mm)	Circle One	To: (Time: hh:mm)	Circle One	Actual Hrs Worked
Sunday:		am pm		am pm	
Monday:		am pm		am pm	
Tuesday:		am pm		am pm	
Wednesday:		am pm		am pm	
Thursday:		am pm		am pm	
Friday:		am pm		am pm	
Saturday:		am pm		am pm	

Submitted by Employee:

Certified by Requestor:

Signature _____ **Date** _____ **Signature** _____ **Date** _____

(Written documentation of students served -- if applicable -- including signatures, dates, times, and a short description of the services provided must be attached.)