Victoria Independent School District
PRE-APPROVAL FORM
COMPENSATION/OVERTIME

Date:_________

Employee’s Name:____________________________

Employee’s Job Title/Responsibilities:_________________________________

Estimated time required for assignment:______________________________

Assignment was requested by:________________________________________

Estimated time for completion of assignment:___________________________

Proposed date of work:______________________________________________

Comments:_________________________________________________________

__________________________________________________________________

_________________________________________________________________

________________________    ________________________
Employee’s Signature     Supervisor’s Signature

To be completed AFTER assignment has been performed.

Actual hours of compensation:____________

_________________________    _________________________
Employee’s Signature     Supervisor’s Signature

Compensation time should be taken care of before the end of each pay period if possible.

This form must be attached to the time card in which compensation time is earned.