



Somerset Public Schools
Somerset Berkley Regional School District
All Students Achieving Excellence

PLEASE TYPE FORM, FILL OUT THE APPROPRIATE INFORMATION FOR YOUR REQUEST AND MAKE SURE FORM IS SIGNED BY AN ADMINISTRATOR OR PRINCIPAL

School / Department: _____

Requested by: _____

Today's date: _____

Name(s): _____

Description of work to be done: _____

Beginning date: _____ **End date:** _____

Rate of pay: _____

Alternative to overtime/ additional hours: _____

Consequence of denial: _____

Funding Source: (check one and indicate grant number):

Local Funds			
Grant Funded**		Grant #	

Overtime: Number of people x number of hours x number of days:

Signatures

Administrator/ Principal Signature: _____

****Local or Federal Grant Coordinator Signature:** _____

Business Manager Signature: _____

Superintendent: _____