

HUNTINGTON UNION FREE SCHOOL DISTRICT
Office of the Assistant Superintendent
for Business

OVERTIME REQUEST FORM

Building _____

Date _____

Name(s)	Hours Requested		Reason
	Date	Time (i.e. 4:00-5:00)	

Administrator Signature _____ **Date** _____

Central Office Approval _____ **Date** _____

Please return this form to Sam Gergis
Fax 673-4199