

**LaSalle/Putnam County Educational Alliance for Special Education**

1009 Boyce Memorial Drive, Ottawa, Illinois 61350

**Mary Jane Chapman, Executive Director**

**Pam Carretto, Assistant Director**

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**Support Staff Request for Overtime Pay**

I have been unable, due to other assignments and time constraints, to complete the following necessary duties for my position in a timely fashion. I would like to request \_\_\_\_\_ hours of additional pay for work beyond my regular hours in order to complete the duties and responsibilities outlined below. These hours will be worked between \_\_\_\_\_ a.m./p.m. and \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_ (date).

I understand that the number of hours indicated above does not exceed the maximum number of hours that can be compensated according to L.E.A.S.E. Administrative Procedures.

I am requesting these hours of overtime work in order to complete the following duties:

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Support Staff Member: \_\_\_\_\_

Signature

By signing below, my supervisors acknowledge their approval of this work and verify that it cannot be done at any other time during regular hours due to time constraints for completion of competing priorities.

Signatures:

Support Staff Member's Direct Supervisor: \_\_\_\_\_

Support Staff Member's Direct Supervisor: \_\_\_\_\_

Support Staff Member's Direct Supervisor: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Approved: \_\_\_\_ Not Approved: \_\_\_\_