



San Benito C.I.S.D.
240 N. Crockett Street
San Benito, TX 78586
956-361-6100

MEMORANDUM

Date: _____

To: _____

From: _____
(employee name)

Campus/Department: _____

RE: REQUEST TO WORK OVERTIME

Amount of overtime requested: _____ hours for the Week
(s) of (Inclusive Dates) _____.

Reason the overtime is required:

Respectfully request that overtime earnings be paid thru payroll.

Employee Signature

Supervisor Signature

Date Approved

Superintendent

Date Approved