

**KNOX COUNTY SCHOOLS
MAINTENANCE & OPERATIONS DEPARTMENT**

EXTRA HOURS JUSTIFICATION FORM FOR OPERATIONS EMPLOYEES

APPROVED BY FOREMAN: _____

EMPLOYEE NAME: _____

SCHOOL: _____

NUMBER OF HOURS OF OVERTIME: _____

DATE OF OVERTIME: _____

REASON FOR OVERTIME: (CHECK ONE EXPLANATION AND PROVIDE DETAILS)

_____ *CONSTRUCTION/RENOVATION WORK:* _____

_____ *CHILD CARE CENTER WORK:* _____

_____ *MAINTENANCE WORK:* _____

_____ *OTHER:* _____

CONSEQUENCES OF NOT DOING WORK ON OVERTIME: _____

WAS THE JOB COMPLETED? YES _____ NO _____

IF NO, PLEASE EXPLAIN: _____
