

TURTLE MOUNTAIN SCHOOL DIVISION	2 - M
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REQUEST FOR SECRETARY/LIBRARY OVER-TIME

This form is to be used when the Principal is requesting Secretarial/Library Clerk Overtime.

Name: _____ School: _____

Date(s) (estimated time should be stated) _____

Reason for request: _____

Date of Application: _____

Principal's Signature: _____

Secretary/Library Clerk: _____

Date: _____

Administrator Signature: _____

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Office Use Only:

Overtime to be: [] paid out