



Service Employees International Union Local 500  
Elected Support Representative (ESR)

# Request for Use of ESR Overtime

MCPS Form 280-21  
July 2017

Office of the Chief Operating Officer  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

When possible and appropriate, principals are expected to adjust the work schedule of the Service Employees International Union (SEIU) Local 500 representative to the school-based leadership team on days when such meetings are held to allow for participation during the normal workday of the unit member.

This form is to be used to request prior approval for the use of ESR overtime during the school year in situations where the leadership team meeting occurs outside the normal work hours of the SEIU unit member and the employee's schedule cannot be adjusted.

**A separate form must be submitted for approval for each date the use of overtime is necessary, at least two weeks prior to the meeting date.**

**INSTRUCTIONS:** To request ESR overtime, the employee's principal should complete this form and submit it for approval via e-mail to SFOT@mcpsmd.org or Pony to the School and Financial Operations Team, CESC, Room 170.

## SECTION 1: SCHOOL INFORMATION

School Name \_\_\_\_\_

Official School Start Time: \_\_\_\_\_ a.m.      Official School End Time: \_\_\_\_\_ p.m.

**ESR Name:** \_\_\_\_\_

**Employee ID#** \_\_\_\_\_

**Employee's Job/Position Title** \_\_\_\_\_ **Total FTE Assigned:** \_\_\_\_\_

### EMPLOYEE'S REGULAR WORK SCHEDULE:

Daily Start Time:       Daily End Time:       # Hours/Day:       # Day/Week:

## SECTION 2: REASON FOR ESR OVERTIME

### LEADERSHIP TEAM MEETING DATE & TIME

**MEETING DATE:**  Meeting Start Time:  Meeting End Time:  Overtime Hours Requested for This Meeting Date:

Please explain why the employee's work schedule cannot be adjusted on this date to allow for participation with in the employee's scheduled hours of work: \_\_\_\_\_

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

\_\_\_\_\_  
Principal's Name (printed)

\_\_\_\_\_  
Signature, Principal

\_\_\_\_\_  
Date

## SECTION 3: APPROVAL/AUTHORIZATION FOR ESR OVERTIME

Approved     Not Approved    NOTE: \_\_\_\_\_

\_\_\_\_\_  
Signature, Chief Operating Officer/Designee

\_\_\_\_\_  
Date