

# Extra Duty/Overtime Request

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dates of time to be worked: \_\_\_\_\_

Reason for request:

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Estimated hours needed: \_\_\_\_\_ (remember to turn in a time sheet at the end of the month for the actual hours worked)

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Extra Duty

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Overtime

Signature of Employee: \_\_\_\_\_

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*District Use Only*

Account Code: \_\_\_\_\_

\_\_\_\_ Approved

\_\_\_\_ Not Approved

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CBO Signature: \_\_\_\_\_

Date: \_\_\_\_\_