CUSD Additional Hours Request

DIRECTIONS: Submit this form to your site Principal or Administrator for approval.
You will be notified if your request is not approved.

Your Name:_____ Today's Date:_____

Your School: _____ Your Department/Grade Level: _____

Any notes about this request?:

_____

_____

Date	Description of Work Requested	# of hours

- ***Employee Signature***

_____
Date

- ***Principal/Administrator Signature***

_____
Date

NOTE: Once the requested hours have been completed please submit a signed Overtime/Additional Timesheet, acquire the appropriate signatures WITHIN 5 DAYS OF YOUR APPROVED WORK IS COMPLETE, and submit the form to your site secretary.

5.09.19 MM