

**ALPINE COUNTY UNIFIED SCHOOL DISTRICT
ALPINE COUNTY OFFICE OF EDUCATION**

Request for overtime/extra hours approval
And authorization

Name of Employee: _____ Job Title: _____

Work Location: _____ Date discussed with supervisor: _____

Brief explanation of need for Overtime/Extra hours:

Why is this a priority?

Total amount of Overtime/Extra Hours needed: _____

Date of Overtime requested: _____ Times expected to work: _____

Signature of Supervisor/Business Manager

Date

Forms/extra hours sapproval.doc

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