



FOR ADDITIONAL WORK TIME

Over Contract Hours Request (Required 2 Weeks' Notice)

To: _____ Date: _____

From: _____ Site: _____

Certificated Classified

		Funding		
Employee Last Name	Employee First Name	Funding Source	*Account Number	%

Purpose (be specific):	Date(s):		
	Number of Days:	Number of Hours:	
	*Estimated Cost:		

This is to certify that the requested expenditure(s) for staff, contracts, materials, supplies, and equipment match the expenditures necessary for implementation of planned activities to meet specific goals in the approved school plan.

Page: _____ Goal/Content Area: _____ Specific Action: _____ Board Approval Date: _____

	Signature(s) Needed	Date	Approved	Disapproved	If disapproved, reason:
Site Administrator:	_____	_____	_____	_____	_____
**Instructional Support Services:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fiscal Services:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personnel Services:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Assistant Superintendent,
Business Services: _____

*Request will not be processed without Account Number or Estimated Cost

**Categorical Funds Only