



Los Angeles Unified School District  
Food Services Division



## Authorization for Additional or Overtime Hours

The information below is to be complete by the employee after prior approval has been obtained and the additional time and overtime work is completed.

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School Name: \_\_\_\_\_ Location Code/Cost Center: \_\_\_\_\_

Pay Period (Month): \_\_\_\_\_ Year: \_\_\_\_\_

Fund: \_\_\_\_\_ Program Code: \_\_\_\_\_ Name of Program: \_\_\_\_\_

| Date | Assigned Hours | Total Additional Hours | Overtime Hours | Reason |
|------|----------------|------------------------|----------------|--------|
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |
|      |                |                        |                |        |

I hereby certify the above additional time and overtime worked was solely (100%) related to activities for the above program.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requested By: \_\_\_\_\_ Authorized By: \_\_\_\_\_  
Food Services Manager AFSS/RM/Food Service Administrator