REQUEST FOR EXTRA DUTY PAY FOR CERTIFICATED ADMINISTRATORS

REQUEST FOR PRE-APPROVAL TO WORK EXTRA DUTY PAY HOURS

Principal/Administrator _____   Employee Number _____   Location Code _____

School/Office Name _____   Email _____   Telephone _____

Current Position: _____   Basis: _____   Location: _____

Description of services provided, rationale, and dates of service (*Provide specific information and supporting details. Services are not to extend an employee's workday or for the completion of ongoing administrative responsibilities. Attach additional sheets/calendars as needed*):

_____

Date(s) of Services: Start Date: _____   End Date: _____

Day(s) of the Week: _____   Start Time: _____   End Time: _____

Total Hours Requested: _____

Principal/Administrator Signature _____   Date _____

My signature above indicates that this request for extra duty pay is in alignment with District policy and will not cause me to exceed the 40-hour per pay period limit or the 200-hour total per pay period limit. I have also informed my immediate supervisor of any additional hours I may be performing outside of my regular duties.

REQUEST AND PRE-APPROVAL

Regional Director/Supervisor Name _____   Region/Division _____

Regional Director/Supervisor Signature _____   Date _____

My signature above indicates that this request and pre-approval for extra duty pay are in alignment with District policy and will not cause the employee to exceed the 40-hour per pay period limit or the 200-hour total per pay period limit.

Cost Center to be Charged:

School/Office: _____   Location: _____

Cost Center: _____   **Fund: _____   Functional Area: _____

** Use of Categorical Funds (Title I and EIA) also requires written approval on the Budget Adjustment Request (BAR) from the appropriate central office categorical personnel, either Federal & State Education Programs or Multilingual & Multicultural Education.

☐ **Approved**   ☐ **Not Approved**

Regional Superintendent/Division Head Signature _____   Date _____

My signature approving this request for extra duty pay is also verification that this assignment, in combination with any other assignment(s), does not exceed the 200-hour per pay period limit for this employee (per Human Resources Policy Guide A7 – Assignment Multiple). For assignments exceeding the 200-hour limit, please complete and attach HR Form 9051A to this form.

This approval form is be authorized by a Regional Superintendent/Division Head and/or their designee only in adherence to all stated guidelines.

Note: This approved HR Form 9051 is to be kept on file at the school office/time reporting location as part of the required payroll support documentation. Any after-the-fact changes made to this form must reflected in an amended form and must be attached to the original.