



REQUEST FOR EXTRA DUTY PAY FOR CERTIFICATED ADMINISTRATORS
IN EXCESS OF STATED LIMITS

Regional Superintendent/Division Head Region Email

Signature Telephone

I am requesting approval for the principal/administrator named below to work extra duty pay hours exceeding the 40-hour per pay period limit or the 200-hour total pay period limit and have attached the completed HR Form 9051 indicating the description of services to be provided and a rationale.

Principal/Administrator: Basis: Total Hours Requested:

Cost Center to be Charged:

School/Office: Location Code:

Cost Center: **Fund: Functional Area:

Approved Not Approved

Superintendent/Deputy Superintendent Signature Date

My signature above indicates that I approve the above-named employee to work extra duty pay hours exceeding the 40-hour pay period time limit or the 200-hour total pay period limit based on an emergency and/or exigent/special circumstance.

This approval form is to be authorized and/or signed by the Superintendent or Deputy Superintendent

Note: This approved HR Form 9051A is to be kept on file at the school office/time reporting location as part of the required payroll support documentation.