LOS ANGELES UNIFIED SCHOOL DISTRICT Educational Service Center West

REQUEST FOR TIME APPROVAL

Please complete this form when there is no administrator or a back-up administrator to approve payroll at your school site. Attach "Display Working Times" report that includes payroll to be approved and submit NO later than 3:00 p.m. Date: ______ Job Cost Center (s) Request By: Title Phone No. Reason: Certificated Input Certificated Approval Month: Month: _____ REG SUB (Please Check) (Please Check) REG SUB Regular Time Number of employees ______ □ Regular Time Number of employees _____ To be reported To be approved □ Adjustments Number of employees □ Adjustments Number of employees _____ To be reported To be approved Classified Approval Classified Input Month: Month: REG REG (Please Check) SUB (Please Check) SUB □ Regular Time Number of employees _____ □ Regular Time Number of employees _____ To be reported To be approved Number of employees _____ □ Adjustments Number of employees _____ Adjustments To be reported To be approved Semi-Monthly Input Month: Semi - Monthly Month: (Please Check) REG SUB (Please Check) REG SUB □ Regular Time Number of employees _____ Regular Time Number of employees To be reported To be approved □ Adjustments Number of employees _____ □ Adjustments Number of employees _____ _ To be reported To be approved

> Signature of Person requesting Approval Payroll **WILL NOT** be **Certified**

For Office Use Only COMPLETED

Date: _____

By:

If Proper Documentation is Not Submitted

FAX TO: 310 – 479-7269 or email norma.hernandez@lausd.net

NO later than 3:00 p.m.

Attn: Norma A. Hernandez

Please call the West ESC at 310 - 914-2102 to confirm your fax has been received