



Los Angeles Unified School District  
Medical Services Division  
District Nursing Services Branch  
**PRE-APPROVAL FOR ADDITIONAL WORK TIME**

Submit completed and signed form to Nursing Administrator for final approval. Time may not be worked prior to Nursing Administrator's approval.

Z-time may be requested for activities that support students, events and/or the needs of the District, Medical Services Division, District Nursing Services Branch or Schools. Schools requesting the nurse to work z-time must provide funding information. Activities must take place beyond the staff member's regular work schedule. This may include weekends, unassigned days, and extended hours.

TIME REPORTER'S NAME: \_\_\_\_\_

REGION \_\_\_\_\_

Employee Name	Employee #	Description of Duties to be Performed	Location of Activity	DATES REQUESTED		Hours per Day	Total Hours Requested
				From	To		

**SCHOOL SITE ADMIN** (if applicable) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**NURSING ADMINISTRATOR** Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

LOCATION CODE		FUND		FUNCTIONAL AREA	
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If approved, only hours listed on form can be worked. Once time is approved and worked, employee must complete and submit ADDITIONAL TIME WORKED FORM to time reporter for payment. Changes to a submitted plan must be resubmitted.