

**Los Angeles Unified School District**  
**Human Resources Division**  
**Certificated Administrative Services**  
**REQUEST FOR EXTRA DUTY PAY FOR CERTIFICATED ADMINISTRATORS**

ATTACHMENT A

**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
<i>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.</i>	

**REQUEST AND PRE-APPROVAL**

Community of School Administrator/Supervisor Name	Local District/Division
Community of School Administrator/Supervisor Signature	Date
<i>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.</i>	

**Cost Center to be Charged:**

School/Office: _____	Location Code: _____
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**

Local District Superintendent/Division Head Signature	Date
<i>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.</i>	
<b><i>(This approval form is not to be authorized and/or signed by a designee <u>unless</u> the Local District Superintendent/Division Head is unavailable because he/she is utilizing benefitted time and is out of the office.)</i></b>	

**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 be reflected in an amended form and must be attached to the original.

