Gilboa-Conesville Central School

REQUEST FOR ADDITIONAL WORK TIME

(Must be submitted five (5) days in advance)

Employee Name:	
Date of additional time to be worked:	
Reason for additional time:	
Estimated Time Needed:	
Additional time is to be: \[\sum \text{ additional pay} \text{ added to comp time balance (applies to non-teaching staff only)} \]	e
Signature of Employee:	
Date Submitted:	

☐ Supervisor Recommends Approval ☐ Supervisor Recommends Disapp	roval
Comments:	
Supervisor Signature:	
Date:	
Superintendent's Authorization:	
Date:	
White-Office Yellow-Treasurer's Office Pink-Supervisor Gold-Request	ng Party

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