

Extra Work Request

Name of Employee involved: _____

Job Title of Employee: _____

I request that this employee be authorized to work extra days beyond those already contracted for the following reason(s):

Dates extra work is needed: _____

Number of hours per day needed: _____

Name of person who will be supervising this work: _____

☐ I request that this employee be paid at the employee's current contract rate per hour.

☐ I request that this employee be paid at Grade _____ Level _____ on the classified wage schedule for this extra work which is \$ _____ per hour.

I understand that I am not authorized to work beyond my contract until this form is signed by the Superintendent, that I am not requesting nor will I be authorized to work more than 40 hours per week for the Watson Chapel School District, and that I must complete a time sheet before expecting payment for any work authorized.

Employee's Signature

Date

Requesting Party's Signature

☐ Approved

☐ Disapproved

Superintendent