

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: additional pay added to comp time balance
(applies to non-teaching staff only)

Signature of Employee: _____

Date Submitted: _____

Supervisor Recommends Approval Supervisor Recommends Disapproval

Comments: _____

Supervisor Signature: _____

Date: _____

Superintendent's Authorization: _____

Date: _____

White—Office

Yellow—Treasurer's Office

Pink—Supervisor

Gold—Requesting Party

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