

ALPINE COUNTY OFFICE OF EDUCATION ~~ ALPINE COUNTY UNIFIED SCHOOL DISTRICT

Extra Duty and Overtime Request and Approval

Name of Employee _____			Job Title _____		
Site: <i>(circle all that apply)</i>	DVES DO	ELC TECH	BV TRANS	Date discussed with supervisor _____	
Brief Explanation of Need	Date(s) and Time(s)	Total Hours	Brief Explanation of Need	Date(s) and Time(s)	Total Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total			Total		
_____			_____		

To be Completed by Supervisor:

EE Rate: Hourly Daily Notes (Pay, Account, Funding Source, and/or Program Details)

General Hourly Rate

Employee Signature and Date

Supervisor Signature and Date

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