



# EXTRA DUTY REQUEST

Print Last Name \_\_\_\_\_ Print First Name \_\_\_\_\_

School \_\_\_\_\_

Today's Date \_\_\_\_\_

Date Extra Duty is Needed \_\_\_\_\_

Estimated Number of Hours \_\_\_\_\_

Account Number to be Charged \_\_\_\_\_

Rate to be Paid \_\_\_\_\_

Person Supervising Work \_\_\_\_\_

Explanation of extra duty:

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If more room is needed, please attach an extra sheet.

Requests should be submitted in advance to the Human Resources Department. If advance notice request cannot be honored, please contact the Assistant Superintendent of Human Resources for expedited approval. This form and the associated time sheet should accompany expedited requests.

\_\_\_\_\_ Approval of Supervisor

\_\_\_\_\_ Date

\_\_\_\_\_ Clerical Requests need Superintendent Approval

\_\_\_\_\_ Approval of Assistant Superintendent for Human Resources

\_\_\_\_\_ Date