

**LODI UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR OVERTIME, EXTRA HELP,
AND/OR COMPENSATING TIME OFF**

Name: _____ Month: _____
 Employee Id #: _____
 Position: _____ Site: _____
 Budget Code: _____
 (All sheets must have a 26-digit code from code book)

| To be completed by the employee | | | | THIS SECTION TO BE VERIFIED BY SUPERVISOR | |
|---------------------------------|------|----|-------------|-------------------------------------------|---------------------|
| Date | From | To | Total Hours | Purpose | Indicate CTO or Pay |
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| | | | | | |
| | | | | | |
| Total Hours | | | | | |

Signed: _____
Employee

* Prior approval obtained on _____
Date

Signed: _____
Principal/Supervisor

| |
|--------------------------------------|
| TO: BUSINESS OFFICE |
| Charge to: _____ |
| Regular work: _____ |
| Other: _____ Name of Organization |

Approved: _____
Departmental Funding Approval

Approved: _____
Director of Personnel/Designee

| |
|---------------------------|
| For Payroll Purposes Only |
| Reg. Hrs. _____ |
| O.T. Hrs _____ |
| Total Hours |
| Amount Due |

* Requests for overtime, CTO and extra help must be directed in advance to the Director of Personnel.