



BROWNSVILLE INDEPENDENT SCHOOL DISTRICT ADDITIONAL WORK APPROVAL FORM

DATE: _____

EMPLOYEE NAME: _____ EMPLOYEE NUMBER: _____ PAY LOCATION: _____

ADDITIONAL HOURS APPROVED: _____ PER-DAY ___ PER-WEEK ___ PER-MONTH ___ ANNUAL ___

ADDITIONAL WORK ACCOUNT #: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

LOCATION OF ADDITIONAL WORK: _____

DATES OF ADDITIONAL WORK: _____

(DATES MUST CORRESPOND TO BEGINNING AND ENDING DATES OF CORRESPONDING TIMESHEET)

REASON FOR ADDITIONAL WORK: _____

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

FUNDING ADMINISTRATOR'S SIGNATURE

DATE

- SIGNATURES CERTIFY APPROVAL FOR THE ADDITIONAL WORK, NUMBER OF HOURS, AND ACCOUNT NUMBER LISTED ABOVE. THE ORIGINAL WITH ALL SIGNATURES MUST BE SUBMITTED TO THE PAYROLL DEPARTMENT.
- FOLLOW THE MONTHLY HOURLY/BI-WEEKLY DUE DATES THAT CORRESPOND TO THE DATES OF ADDITIONAL WORK LISTED ABOVE.
- A COPY MUST BE MAINTAINED AT THE CAMPUS/DEPARTMENT FOR THE CURRENT YEAR AND TWO PRIOR YEARS.