SIMI VALLEY UNIFIED SCHOOL DISTRICT
REQUEST FOR OVERTIME

CERTIFICATED ☐
CLASSIFIED ☐

SCHOOL _____ DATE _____ APPLICATION NO. _____

AUTHORIZATION IS REQUESTED FOR (POSITION) _____

NAME: _____ TO SERVE

_____ HOURS FROM _____ a.m. TO _____ p.m. ON _____

NAME OF ORGANIZATION OR OTHER _____

REASON _____

CHECK ONE: ☐ SCHOOL ACTIVITY ☐ COMMUNITY SERVICE ☐ OTHER RESP. & PSUEDO NO. _____

NOTE: PAYMENT FOR OVERTIME SERVICE WILL NOT BE MADE UNTIL THIS FORM IS APPROVED AND FILED WITH THE PAYROLL OFFICE.

REQUESTED BY: _____
SCHOOL OFFICIAL

APPROVED BY: _____
BUDGET RESPONSIBILITY

1 WHITE, PINK & GOLDENROD COPIES TO BE SUBMITTED TO THE BUDGET RESPONSIBILITY OFFICE.

2 CANARY RETAINED FOR SCHOOL FILE.

3 PINK & GOLDENROD COPIES TO BE RETURNED TO SCHOOL UPON APPROVAL BY BUDGET RESPONSIBILITY.

4 GOLDENROD COPY TO BE SUBMITTED FINALLY WITH EMPLOYEE'S TIME SHEET.

00102 (A5) REV, 11-78