

MARION COUNTY SCHOOL DISTRICT

****OTHER HOURS / COMPENSATORY PAY PRE-APPROVAL FORM****

(To Report Hours Worked
in Another Capacity
Other Than Base
Assignment OR
Additional Hours in Base
Assignment Beyond
Scheduled Work Week
Hours)

EMPLOYEE NAME: _____
Social Security#(Last 4 digits) _____

REASON: _____

TIME PERIOD: FROM _____ TO _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL HOURS WORKED
DATE						
TIME IN						
TIME OUT						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL HOURS WORKED
DATE						
TIME IN						
TIME OUT						
	TOTAL HOURS FOR THIS OTHER HOURS SHEET					

SIGNATURE OF WORKER

DATE

SIGNATURE OF SUPERVISOR

DATE

FUND MANAGER

PAY RATE: _____

TOTAL AMOUNT FOR PAY PERIOD: _____

APPROVAL: _____

ACCOUNT NUMBER: _____