Tracy Unified School District Request for Cash Payment For Approved Stand-By – Classified

Due to Financial Services by the 20th of each month

Explanation and Instructions: Fill out separate overtime requests form for each type of service. Please check the type of service: □Facility Use □Custodial □Maintenance □ Security □Transportation _____ID#____ Name of Employee____ Print Full Name _____ Date____ Employee Signature_ Supervisor Signature Date_____ Budget Manager Signature_ ____ Date___ Date Stand-By Worked Time Stand-By Performed Actual Number Reason for Stand-By Hours AM/PM Mo/Day/Yr AM/PM of Hours ☐ Facility Use (OT/EXTRA) 01 - 0017 - 0 - 8100 - 5900 - 2200 - 806 - 9622Account Code: □Alarm (OT/EXTRA) 01-0000-0-1110-8300-2200-806-9031☐School Events (Custodian) 01-0000-0-1110-4200-2200-806-9602 ☐School Events (Security) 01-0000-0-1110-8300-2200-806-9031□Warehouse (OT/EXTRA) 01 - 0000 - 0 - 0000 - 7540 - 2200 - 806 - 9172☐ Maintenance (OT/EXTRA) 01-8150-0-0000-8400-2200-806-9572☐Grounds (OT/EXTRA) 01-8150-0-0000-8400-2200-806-9572☐Custodial (OT/EXTRA) 01-0000-0-1110-8200-2200-806-9602☐ Transportation-Reg. Ed (OT/EXTRA) 01 - 0723 - 0 - 1110 - 3600 - 2200 - 806 - 9702☐Transportation-Spec. Ed(OT/EXTRA) 01 - 0724 - 0 - 5001 - 3600 - 2200 - 806 - 9702□Other (Site/Dept OT/ EXTRA) For Payroll Use Only Total Paid: Hrs. @ <u>\$ 9.00</u> \$ _____ Hrs. @ \$ 9.00 \$ Date Paid: