

EXTRA DUTY: LIMITED TERM ASSIGNMENT REQUEST FORM

INSTRUCTIONS: This form must be filled out for assignments that do not exceed 19 consecutive work days. Extra duty work will only be considered and accepted in a pre-approved manner. Please note that employees are only eligible to work extra duty assignments under the following conditions:

- (1) employees must be working less than eight hours in their regular assignments to be considered for extra duty work;
- (2) extra duty work cannot exceed an 8-hour work day;
- (3) there must be a legitimate and justifiable reason for the extra duty work, with demonstrable evidence that the work cannot be completed during regular work hours through re-prioritization and re-assignment of duties.

This form must be filled out entirely and all required approval must be authorized, prior to turning this form into Classified Personnel for Board Approval. Incomplete forms will be returned without consideration.

Employee Information

Employee Name:	Last	First
Employee Classification:		
Department/Site		
Administrator Name:		Date:
Administrator Signature:		

Basis For Extra Duty Work

Extra Duty Work Dates:	Start: ____/____/____	End: ____/____/____ or sooner
Regularly Assigned Hours:		
Requested Extra Duty Hours:	____ Per Day	____ Total
Funding Source:		
Total Anticipated Expenditure:		

Required Approvals

Federal & State

Signature: _____ Print Name: _____
☐ Approved ☐ Denied (Reason if Denied: _____)

Site Accountant:

Signature: _____ Print Name: _____
☐ Approved ☐ Denied (Reason if Denied: _____)

Fiscal Dir./Asst. Dir.:

Signature: _____ Print Name: _____
☐ Approved ☐ Denied (Reason if Denied: _____)

Superintendent or Assistant Superintendent (Designee):

Signature: _____ Print Name: _____
☐ Approved ☐ Denied (Reason if Denied: _____)

Please provide a detailed explanation in justifying the need for extra duty work and associated expenditures. Please note the request is subject to review and must be approved.

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Use for Administrative Review Only

Board Date: ____/____/____	Salary Rate: \$ _____	Total Expenditure: \$ _____
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