

"Dedicated to Excellence"

REQUEST TO WORK OVER CONTRACT HOURS

NAME:	EMPLOYEE ID: POSITION:	
SCHOOL/SITE:		
DATE OF THIS REQUEST:		
CONTRACTUAL HOURS IN	NFORMATION:	
Contractual daily hours at this site: _		/Hours per day at this site
Total district contractual daily hours:		/Hours per day within CUSD
Request to work over contract hours a	and this date(s):	
<u>REASON FOR REQUEST</u> : (CHOOSE ONE)	
The administrator requested	d the employee work beyond	their contracted hours to: (Check one below
Work a special project ar	nd/or emergency situation (HR	Department Lunch)
Cover for an employee of	on leave of absence	
Cover for a vacant positi	ion	
The employee requested to (Provide reason)	work beyond their contractu	al hours to complete a project.
THIS REQUEST IS: (Check One)	APPROVED	NOT APPROVED
EMPLOYEE SIGNATURE:		DATE:
ADMINISTRATOR SIGNATURE	:	– DATE: ———