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

---

Name of Employee_____ ID#_____
Print Full Name

Employee Signature_____ Date_____

Supervisor Signature_____ Date_____

Budget Manager Signature_____ Date_____

Date Stand-By Worked Mo/Day/Yr	Time Stand-By Performed AM/PM	AM/PM	Actual Number of Hours	Reason for Stand-By Hours

Account Code:

☐Facility Use (OT/EXTRA)	01-0017-0-8100-5900-2200-806-9622
☐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

_____ Hrs. @ $ 10.00 $ _____ Total Paid: _____

_____ Hrs. @ $ 10.00 $ _____ Date Paid: _____

Revised 2/18/2026