

**GOSHEN COUNTY SCHOOL DISTRICT COLLEGIAL
PRE-APPROVAL TO WORK BEYOND REGULAR CONTRACTED DAYS**

COLLEGIAL NAME: _____ **DATE:** _____

LIST THE MEMBERS OF YOUR TEAM:

REQUESTING PERMISSION TO WORK ON:

DATE(S) OF WORK: _____

TOTAL HOURS REQUESTED PER PERSON: _____

x GROUP MEMBERS _____

= TOTAL HOURS _____

THIS REQUEST HAS BEEN REVIEWED BY:

DATE: _____

CURRICULUM DIRECTOR SIGNATURE

*****THIS REQUEST IS TO BE FORWARDED TO CENTRAL ADMINISTRATION FOR FINAL APPROVAL*****

FOR CENTRAL ADMINISTRATION USE ONLY:

DATE RECEIVED: _____

REQUEST APPROVED: _____ **REQUEST DENIED:** _____

FUNDING SOURCE: _____

DATE: _____

SUPERINTENDENT OR DESIGNEE: