Brooks County Independent School District

Pre-Approval

Requisition

Employee(s) _____ _____ Campus / Department

_____

_____

Project Name: _____

Date(s) of work to be done: _____

Nature of work to be done: _____

DESCRIBE IN DETAIL _____

_____

_____

_____

Number of hours to be worked: _____

Lunch Break: **YES** **NO**

Estimated Expense: _____

Account Number: _____

_____ _____

Signature of Requester Date

_____ _____

Signature of Administrator Date

_____ _____

Signature of Director Date

_____ _____

Signature of Director Date

_____ _____

Signature of Superintendent Date

Sep-26