

**REQUISITION FOR ADDITIONAL TIME**

**TO: Business Administrator**

**Requisition for payment for:**

- \_\_\_\_\_ Emergency Assignment
- \_\_\_\_\_ Extra Hours (regular contract rates)
- \_\_\_\_\_ Overtime

**Name:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Date of Work:** \_\_\_\_\_ **Number of Hours:** \_\_\_\_\_

**Rate\*:** \_\_\_\_\_ **Budget Charge:** \_\_\_\_\_

**Reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested by:**

**Approved by:**

\_\_\_\_\_  
**Principal/Supervisor**

\_\_\_\_\_  
**Cabinet Member**

\*Above rates are covered by current contracts and personnel policies.

**NOTE: This time is to be recorded on payroll time report. Attach this voucher to payroll time report.**

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