

**ALPINE COUNTY OFFICE OF EDUCATION ~~ ALPINE COUNTY UNIFIED SCHOOL DISTRICT**Extra Duty and Overtime Request and Approval

Name of Employee _____			Job Title _____		
Site: <i>(circle all that apply)</i>	DVES DO	ELC TECH	BV TRANS	Date discussed with supervisor	_____
Brief Explanation of Need	Date(s) and Time(s)	Total Hours	Brief Explanation of Need	Date(s) and Time(s)	Total Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total</b>			<b>Total</b>		
_____			_____		

<b>To be Completed by Supervisor:</b>	
EE Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Daily	Notes (Pay, Account, Funding Source, and/or Program Details)
<input type="checkbox"/> General Hourly Rate	

\_\_\_\_\_  
Employee Signature and Date\_\_\_\_\_  
Supervisor Signature and Date**ALPINE COUNTY OFFICE OF EDUCATION ~~ ALPINE COUNTY UNIFIED SCHOOL DISTRICT**Extra Duty and Overtime Request and Approval

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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total</b>			<b>Total</b>		
_____			_____		

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Employee Signature and Date\_\_\_\_\_  
Supervisor Signature and Date