

Sutter County Superintendent of Schools
EXTRA HOURS REQUEST/AUTHORIZATION FORM

EMPLOYEE NAME: _____ DATE: _____

TITLE: _____ WORKSITE: _____

REASON FOR REQUEST: _____

DATE(S) WORK IS TO BE PERFORMED: _____

ESTIMATED NUMBER OF HOURS: _____

Employees working extra hours may elect to receive reimbursement in the form of TIME or PAY. Time worked beyond 7.5 hours per day will be earned at time and a half.

EMPLOYEE'S PREFERENCE IS: * TIME ** PAY

Employee's Signature

Date

APPROVED AS: * TIME ** PAY

Supervisor's Approval

Date

Actual Hours worked: _____

Employee's Signature

Date

Supervisor's Approval

Date

**** If requesting to be reimbursed in the form of time, please submit a copy of this form to the Human Resources Department when completed.***

***** If requesting to be reimbursed in the form of pay, a copy of this authorization must be attached to a completed time sheet with appropriate signatures for payment.***

NAME: _____ EMPLOYEE #: _____

WORK DEPARTMENT _____ NORMAL HOURS PER DAY: _____

PRIOR MONTH: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT MONTH: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Extra Hours: _____

Total OT Hours Worked: _____