



Morgan County School District Re-3 Fort Morgan, Colorado

Extra Time Request Form

THIS FORM MUST BE APPROVED PRIOR TO HOURS WORKED!

Employee Name: _____

Justification of Request: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	

TOTAL HOURS							_____

ADMINISTRATOR'S SIGNATURE APPROVING REQUEST

Supervisor's Signature

Superintendent/Human Resources Director's Signature

Date

SIGNATURES AFTER HOURS COMPLETED

Employee's Signature

Date

Supervisor's Signature

Date

Approval Signature of the Director of Human Resources

Date

FOR DSC USE ONLY

Employee Alio #: _____

Hourly Wage: _____

Budget Number: _____