



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

Date

Superintendent/Asst. Superintendent's Signature

Date

HOURS APPROVED

SIGNATURES AFTER HOURS COMPLETED

Employee's Signature

Date

Supervisor's Signature

Date

Superintendent/Assistant Superintendent's Signature

Date

FOR DSC USE ONLY

Employee Alio #: _____

Hourly Wage: _____

Budget Number: _____