

LOS ANGELES UNIFIED SCHOOL DISTRICT
Overtime Request Form

REQUEST FOR PRE-APPROVAL TO WORK OVERTIME	
Name: _____	Employee #: _____
Requested Date(s) _____	Estimated Total Hours: _____
Reason for Overtime (Project/Activity): _____	
Overtime Charged to Fund: _____ Program Code: _____ Name of Program Code: _____	
<small>(If funding source is from a federal or state categorical program, activities performed must be an allowable cost.)</small>	
APPROVED BY: _____ Supervisor	Date: _____ Total Est. Hours Approved: _____

The information below is to be completed by the employee after prior approval has been obtained and overtime work is completed.

OVERTIME REPORT

Date(s) Worked: _____ Actual Hours Worked: _____ Week-to-date: _____ Month-to-date: _____

I hereby certify that the overtime worked was solely (100%) related to activities for the above program.

Employee's Signature _____ Date: _____

Approved By: _____ Date: _____
Administrator