



PERMISSION FOR EXTRA HOURS FOR PART-TIME PERSONNEL

HOURS OVER MUST BE REQUESTED BY THE WEEK

_____ has my permission to work over
his/her assigned hours on _____ through _____
for the purpose of _____.

I estimate that the number of hours that will be needed for this job should not exceed
_____. This employee will be compensated for these extra hours worked.

NOTE: Hours must not exceed 40.

Employee's Signature

Date

Supervisor's Signature

Date

Administrator's Signature

Date

Chief Financial Officer's Signature

Date

ATTACH APPROVED FORM TO TIMESHEET