

Name: _____ Site: _____ Pay Period: _____

LIBERTY UNION HIGH SCHOOL DISTRICT
Extra Work Authorization

This form is to be completed and signed by supervisory personnel authorized by the Superintendent to approve work in addition to that regularly assigned an employee.

All Extra Work MUST be listed in Frontline

Date	Reason	Start Time	End Time	# of Hours	# of Hours @ 1.5
TOTAL					

*****All Extra Hours are paid out as overtime – unless an employee has completed the Agreement to Receive Comp Time form and it’s on file with payroll*****

Number of hours (to be reported in ¼ hour units):

_____ **Overtime** (after 8 hours/day or 40 hours/week – to be compensated at a time and one-half rate)

_____ **Extra Work** (less than 8 hours/day or 40 hours/week – to be compensated at a straight time rate)

_____ **Compensatory Time – Agreement to Receive Comp Time form must be on file with payroll** (time worked may be either calculated at the straight time or overtime rate depending on the situation and taken off at a time deemed agreeable between the supervisor and the employee)



Employee’s Signature | _____
Date

Supervisor | _____
Date