

**RANDOLPH PUBLIC SCHOOLS
REQUEST FOR WORKTIME OUTSIDE OF REGULAR WORK HOURS
2017-2018**

Request for Additional Work Hours:

Principal or Dept. Head making request: _____

PO NUMBER _____

Grant name: _____

Grant Administrator's signature: _____

Workshop Authorization: _____ (Assistant Superintendent)

WORKSHOP TITLE: _____

Name of Staff: _____

School or Department: _____

DATE(S) Requested: _____

Expected hours to be worked: _____ @ _____ Per hour = \$ _____

***IF PER-DIEM RATE OF PAY PLEASE NOTE ON TIMESHEET (Teachers = \$40)

Focus of Workshop	_____
or Nature of Work	_____
Requested	_____

Authorization for work: _____ (Director of Finance)

Report of Hours worked

Actual dates of work: _____

Actual number of hours worked: _____ @ _____ Per hour = \$ _____

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF SUPERVISOR IN CHARGE OF VERIFICATION OF HOURS

*** If payment is Grant funded, a copy of the Grant must accompany this request.

Date sent to Business office: _____ Date received _____

