



## EMPLOYEE APPROVAL FOR EXTENDED HOURS

Employee Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Date Requested: \_\_\_\_\_

- Teacher Work Day     Parent Conference     Substituting For \_\_\_\_\_
- Extended Hours     Field Trip     Staff Meeting

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Total hours \_\_\_\_\_

Approved By \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director

All additional hours beyond your teaching schedule must be pre-approved by the Administrative Director.