

**SCHOOL DISTRICT OF RHINELANDER**  
**REQUEST FOR ADDITIONAL HOURS AND/OR OVERTIME**  
**\*\*\*\*\*THIS IS NOT APPROVED UNLESS BOTH SUPERVISOR AND**  
**DIRECTOR OF BUSINESS SERVICES HAVE SIGNED\*\*\*\*\***

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

Position: \_\_\_\_\_

Request for additional hours:

# hours requested: _____	Date to be worked: _____
# hours requested: _____	Date to be worked: _____
# hours requested: _____	Date to be worked: _____
# hours requested: _____	Date to be worked: _____

List # of hours:

\_\_\_\_\_ Reg. Pay Hours      \_\_\_\_\_ Overtime Pay Hours      \_\_\_\_\_ Compensatory Time

Additional time to be worked should be requested in advance (except in emergency situations) and will only be approved for work at the request of the supervisor, or for work which cannot be completed the following day(s) during the course of the normal workday/week due to specific deadlines, which must be adhered to or unique circumstances. Every effort should be made to accomplish tasks during the assigned working hours. Alternate working hours may be requested on an occasional basis if the change can be handled with minimal disruption and does not lead to additional hours or overtime cost for the district.

Work to be completed and timeline or deadline to be adhered to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Signature of Employee</b>	<b>Date Completed</b>
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_____ Approved	_____ Not Approved
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\_\_\_\_\_ Reg. Pay Hours      \_\_\_\_\_ Overtime Pay Hours      \_\_\_\_\_ Compensatory Time

Notes: \_\_\_\_\_

<b>Supervisor/Administrator</b>	<b>Date</b>
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<b>Director of Business Services</b>	<b>Date</b>
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**Supervisor: Please have employee and/or supervisor complete this form for each occurrence/date of additional time and /or overtime to be worked.**

**Please maintain this record and documentation in your files for all requests – approved or denied for a minimum of three (3) years.**