

Certificated Authorization to Work Extra Hours



COMPLETE PRIOR TO PERFORMING WORK

Name: _____ Job title: _____ Last 4 digits of SSN: _____

Month/Year worked: _____ Department: _____

For _____ additional hour(s) on (give dates - only one month per form): _____

Reason: _____

Employee signature: _____ Date _____ Approved: _____ Date _____
Manager/Director/Administrator

Requested by: _____ Date _____ Approved: _____ Date _____
Supervisor Assistant Superintendent/Superintendent

IMPORTANT:

It is the employee's responsibility to turn in the completed timesheet to the department by the 5th of the following month.

See reverse for instructions

COMPLETE AFTER WORK HAS BEEN PERFORMED (ACTUAL SERVICES RENDERED)

Dept. use only				White section to be completed by the employee:				Extra Hours
Budget line (A,B,or C)	Day (M-Su)	Day of mo. (1-31)	Description of work				Extra Hours	

Signature: _____ Date _____ Verified by: _____ Date _____ Total extra hours worked _____

(Employee) (Supervisor)

Budget Line	Fund	Resc	Py	Goal	Func	Obj	Sch	Mgmt	Unit	Department notes:	
A											
B											
C											

For Fiscal use Only:



4400 Cathedral Oaks Road
P.O. Box 6307
Santa Barbara, California 93160-6307
Direct Dial: 964-4710 plus extension
(805) 964-4711 • FAX: (805) 964-4712

Certificated Authorization to Work Extra Hours

Instructions for use:

Before performing work:

1. All extra hours must be authorized **in advance** by your supervisor, manager/director/administrator, and assistant superintendent/superintendent. Complete top half of form (Steps 1-4) **before performing work.**
2. Use one separate form **for each month for each department** in which you work. If you have multiple positions, use a separate form for **each job title** as well.
3. Write your name, job title of the position in which you are performing additional hours, last 4 digits of your Social Security Number, the month and year, and department in the designated spaces at the top of the form. Indicate the total number of extra hours you are requesting, dates and reason for the additional work.
4. Sign and turn in to your supervisor for signature **prior to performing the work.** Your supervisor will route the form for appropriate approvals and return the form to you.

After the work is completed:

5. Fill in the white section of the form. For **each day** you work overtime or extra hours, print the day of the week (M,T,W,Th, F, Sa, Su), day of month (1-31), the description of the work, and the number of extra hours worked.
6. **Do not write anything in the shaded area designated for department or Fiscal use. Only write in the designated white section. If you need more rows, complete a second form.**
7. At the end of the month, add the number of extra hours worked and enter the total in the “Total extra hours worked” box, sign and date. Keep a copy for your records and return original to your supervisor for signature verification.
8. In order to be paid on the last working day of the **following** month, **it is your responsibility to turn in your completed form to your department by the 5th of the following month. (Do not submit to Fiscal Services/ Payroll.)** For example, for additional hours in September, turn in your completed *Certificated Authorization to Work Extra Hours* forms to your department by Oct. 5 to be paid at the end of October. *If the deadline is missed, you will need to wait an additional month for your pay.*