



Los Angeles Unified School District
Office of the Medical Director

2021-22 REQUEST FOR PAYMENT OF ADDITIONAL TIME FORM

DEPARTMENT: _____

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

INSTRUCTIONS:

- This form must be completed by the employee and approved by the site administrator (school/office) requesting and approving time and funding source prior to working Z-time (RG), RGZN, SAXB, TR01, TR02 or OT time
- It must then be submitted to the Administrator for Director's approval
- After second approval, documents will be forwarded to the time reporter for processing
- **If working 5-hours or more, make sure to exclude the required lunch break in the TOTAL HOURS.**

Check One: **CE – Certificated** **CL – Classified** **SM – Semi-monthly**

Please print.

OFFICE USE ONLY:

_____ RG: Unassigned day (Z-time)

_____ RGZN: After work (**Certificated only**)

_____ SAXB: Special Assignment X Basis/Saturday

_____ TR01/TR02: Training Rate (**Certificated only**)

_____ OT: Overtime (**Classified only**)

WORK DATE	DESCRIPTION OF DUTIES TO BE PERFORMED	TIME		TOTAL HOURS	RECEIVER COST CENTER (1xxxx01)	FUND (xxx-xxxx)	FUNCTIONAL AREA (xxxx—xxxx—xxxx)
		IN	OUT				

Total hours worked: _____ for the month of _____

Employee's Signature

Date

APPROVED: Nurse Lead or Program Administrator	APPROVED: Administrator/ Medical Director
Date:	Name:
Time Keeper's Initials:	Date:

I hereby certify that I was funded solely (100%) from the above program funds and received training/performed work as set forth on this program(s), single cost objective or single indirect activity cost.