



Los Angeles Unified School District
Office of the Medical Director
Nursing Services

PRE-APPROVAL FOR ADDITIONAL WORK TIME

Submit completed and signed form to Director for final approval. Time may not be worked prior to Director's or Administrative Coordinator's approval.

Z-time may be requested for activities that support students, events and/or the needs of the District, SHHS, Nursing Services or Schools. Schools requesting the nurse to work z-time must provide funding information. Activities must take place beyond the staff member's regular work schedule. This may include weekends, unassigned days, and extended hours.

TIME REPORTER'S NAME: _____

LOCAL DISTRICT _____

Employee Name	Employee #	Description of Duties to be Performed	Location of Activity	DATES REQUESTED		Hours per Day	Total Hours Requested
				From	To		

SPECIALIST/COORDINATOR Name _____ Signature _____ Date _____

DIRECTOR/ADMIN COOR. Name _____ Signature _____ Date _____

LOCATION CODE		FUND		FUNCTIONAL AREA	
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If approved, only hours listed on form can be worked. Once time is approved and worked, employee must complete and submit ADDITIONAL TIME WORKED FORM to time reporter for payment. Changes to a submitted plan must be resubmitted.