

**Los Angeles Unified School District  
Human Resources Division  
Certificated Administrative Services**

**REQUEST FOR EXTRA DUTY PAY FOR CERTIFICATED ADMINISTRATORS**

**TO:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Local District Superintendent/Division Head

\_\_\_\_\_  
Local District/Division

**FROM:** \_\_\_\_\_ Title \_\_\_\_\_ Location Code \_\_\_\_\_  
Principal/Administrator

\_\_\_\_\_  
School/Office Name Email Telephone

**RE: Extra Duty Pay Request – Administrator Information**

|                              |                             |
|------------------------------|-----------------------------|
| Name of Administrator: _____ | Emp. No: _____              |
| Current Position: _____      | Basis _____ Location: _____ |

Description of services provided and rationale:

Date of Services: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Day(s) of the Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours Requested: \_\_\_\_\_

**Cost Center to be Charged:**

School/Office: \_\_\_\_\_ Location Code: \_\_\_\_\_

Cost Center: \_\_\_\_\_ \*\*Fund: \_\_\_\_\_ Functional Area: \_\_\_\_\_

\*\* Use of Categorical Funds (Title I and EIA) also requires written approval on the Budget Adjustment Request (BAR) from the appropriate central office categorical personnel, either Federal & State Education Programs or Multilingual & Multicultural Education.

**Approved** My signature approving this request for extra duty pay is also verification that this assignment, in combination with any other assignment(s), does not exceed the 200-hour per pay period limit for this employee (per Human Resources Policy Guide A7 – Assignment Multiple).

**Not Approved**

\_\_\_\_\_  
Local District Superintendent/Division Head Signature

\_\_\_\_\_  
Date

**Note:** The approved HR Form 9051 is to be kept on file at the school office/time reporting location as part of the required payroll support documentation.

