

LOS ANGELES UNIFIED SCHOOL DISTRICT

**NON ROUTINE PAYMENT REQUEST FORM
SALARY PAYMENT FOR \$5,000 AND ABOVE**

Requests for non-routine payment(s) should be avoided. Requests should be limited to rare and extenuating circumstances. All District personnel must follow the applicable rules concerning the hiring, selection and assignment processes in order to avoid requesting a non-routine payment. Personnel who fail to follow these rules may be subject to discipline, up to dismissal. However, in order to compensate employees who have performed District work not included in their regular paycheck, administrative personnel may request a non-routine payment for such work. Please provide all the information requested and follow instructions in BUL-_____, *Non Routine Payment Procedure*.

REQUESTED BY:

Administrator Name: _____ Administrator Title: _____

Site Location Name: _____ Site Cost Center Number: _____

EMPLOYEE OR NON-EMPLOYEE INFORMATION:

Name: _____ Employee or Pers ID No.: _____

Site location where work was performed: _____ Site Cost Center Number: _____

Job/Class Title of Position Worked _____ Job/Class Code _____

Dates worked prior to eligibility: From: _____ To: _____

Total Days Worked: _____ Total Hours Worked: _____

EXPLANATION: *Please provide the justification and circumstances pertaining to this request. Include the name of the person who authorized this work. (Attach additional pages if necessary)*

Work for this person was authorized by _____.

State the reason(s) here: _____

Prior to this request, I have made a request for Non-Routine Payment on _____ occasions.

Signature of Requesting Administrator: _____ Date: _____

Signature of LD Superintendent/Division Head: _____ Date: _____

Signature of Chief of Staff in the Superintendent's Office _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY HUMAN RESOURCES DIVISION OR PERSONNEL COMMISSION ONLYReview of this request was completed by: _____ Date: _____
PRINT NAME and Signature

Correct Hours Worked: _____ Correct Days Worked: _____ Correct Hourly/Salary Rate: _____

 Approved for Payment Not Approved for Payment Reason: _____Authorized by: _____ Date: _____
PRINT NAME and Signature