

## REQUEST FOR TEMPORARY SUPPLEMENTARY PERSONNEL

Note: This form is to be used to request either temporary supplemental personnel or additional time for regular personnel (beyond scheduled work hours or days). It is not necessary to use this form for substitutes or absent regular employees.

Person making request

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Employee(s) being requested to perform service

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Reason for request (Justification of need beyond regular hours)

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Rate of pay requested (substitute, employee's regular rate of pay, time and one-half, double-time, or comp time)

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Building Approval \_\_\_\_\_ Date \_\_\_\_\_

Central Office Approval \_\_\_\_\_ Date \_\_\_\_\_

**IT IS EXPRESSLY UNDERSTOOD THAT PERSONNEL REQUESTS MUST BE SUBMITTED IN ADVANCE AND ALL SUCH REQUEST MUST BE APPROVED BY THE CENTRAL OFFICE.**

Type of approval secured: \_\_\_\_\_ Verbal ( \_\_\_\_\_ )

Name of person giving approval

\_\_\_\_\_ Emergency (No prior approval)