Los Angeles Unified School District

DISTRICT NURSING SERVICES

ADDITIONAL TIME WORKED FORM

NOTE: Use this form to record any additional time worked during your regularly assigned days or all time worked during non-assigned days. The form is to be completed by the employee and submitted to Immediate Supervisor for approval prior to submitting form to Payroll Reporter. Any additional time worked requires prior approval.

EMPLOYEE NAME _____ EMP.# _____ WORK LOCATION _____ LOCATION CODE _____

☐ **CL** - Classified ☐ **CE** - Certificated ☐ **SM** - Semi-Monthly MONTH _____

DATE	HOURS			DESCRIPTION OF WORK PERFORMED / LOCATION WORKED	TYPE OF PAY (OT, Z-Time, X-Time, etc)	COST CENTER	FUND	FUNC. AREA
	FROM	TO	TOTAL					
		TOTAL HRS.	0					

Employee Signature _____ *Date:* _____

APPROVAL SIGNATURES

*Immediate Supervisor*_____ *Date:*_____

*District Nursing Director*_____ *Date:*_____

REVISED: 6/20/2017