

HEREFORD INDEPENDENT SCHOOL DISTRICT  
Unbudgeted Compensation Request Form

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

School/Department/Division: \_\_\_\_\_

Date(s) for overtime: \_\_\_\_\_

Estimated number of hours: between 37 & 40 hrs \_\_\_\_\_ Beyond 40 hrs \_\_\_\_\_

(Wages will be paid by employee's current hourly rate)

Comment Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Supervisor/Principal: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date approved: \_\_\_\_\_ Date denied: \_\_\_\_\_

**ATTACH TO TIME SHEET**