

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