

COQUILLE SCHOOL DIST.

COMPENSATION PRE-AUTHORIZATION

Employee Name _____

Reason for requesting extra hours

Date & Hours requested _____ / _____ Actual Hours Worked _____ / _____
Supv. Int.

Will flex time be used in same week? _____ If yes, when _____

Employee signature

Date

Pay <input type="checkbox"/> Comp Time <input type="checkbox"/> Not Approved <input type="checkbox"/> <small>(Rate of 1:1 if under 40hr week 1:1 ½ if over 40 hr week)</small>
_____ Supervisor's Signature
Date _____
PAYROLL ONLY: ST _____ OT _____

****Fully executed form must be attached to time card.**

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