

TEHAMA COUNTY DEPARTMENT OF EDUCATION
REQUEST FOR OVERTIME/EXTRA TIME AUTHORIZATION

Name: _____

Department: _____

Use of Overtime/extra time (Indicate Emergency): _____

Estimated number of days/hours: _____

From: _____ Through: _____

Approved Disapproved Approved Disapproved

Supervisor's Signature

Superintendent or Designee's Signature

Date: _____

Date: _____

All overtime and extra time will be paid.

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