

Classified Hourly Request for Compensation

Pay for extra hours worked above the regular workday for CPR, first aid, ASB, curriculum training, etc...

Important Guidelines

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| <ul style="list-style-type: none"> • Employee must complete the Request for Compensation form. • Use only ink (never pencil). • Form must be completed in full. • Date and hours required for each day worked. | <ul style="list-style-type: none"> • All corrections <i>MUST</i> be <i>initialed</i>. • <i>Do NOT</i> use whiteout/correction tape/correction fluid. • Never fill in hours or complete a form for another employee. |
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Request is hereby made for _____ hours to be used for _____.

Staff involved should report to _____ at _____.

Room Building

From: _____ am/pm To: _____ am/pm

Time Time

By signing below, I certify/declare under penalty of perjury under the laws of the State of Washington pursuant to RCW 9A.72.085 that the information contained in this document is true and correct. In addition, such falsification of District documents may be found as cause for misconduct and result in discipline up to and including termination.

Employee(s) to be paid		Hourly Rate \$ _____	Other Rate \$ _____
Date	Hours Worked	PRINT or Type LEGAL Name	SIGNATURE in INK

Note: Approved Date(s) below **must** be on or AFTER the employee's date.

Approved by _____ Date _____ Budget # _____

Approved by _____ Date _____ Budget # _____

ASB Approval _____ Date _____ Budget # _____