



S A L / ADDITIONAL HOURS APPROVAL FORM

NAME: _____ POSITION: _____

LOCATION: _____ BUDGET CODE: _____

DATE(S): _____ HOURS: _____

RATE: _____

CATEGORY: PLEASE COMPLETE ONE FORM PER CATEGORY (MAY USE ONE CATEGORY FOR MULTIPLE PEOPLE)

TRAINING

CLASSROOM

MISCELLANEOUS

- LEAP
- TCI
- OTHER (SPECIFY BELOW)

- CURRICULUM WORK
- MOVING CLASSROOM
- PROCTORING/SCORING

- (PLEASE SPECIFY BELOW)
 - BUDGET CODE CHANGE
- (Please indicate both old and new codes below)

DESCRIPTION:

Immediate Supervisor Signature

Date

Authorized By

Date

Administrator Signature

Date

SAL Date