

PITTSFIELD SCHOOL DISTRICT
REQUEST FOR ADDITIONAL HOURS

Use this Request for Additional Hours when appropriate. Requests for additional hours must be submitted in advance.

Today's Date: _____

Name: _____ School: _____

Date of Request: _____ Time of Request: _____

Justification of request: _____

Request approved

Request denied

Employee's Signature

Date

Supervisor's/Principal Signature

Date

Business Administrator's/Superintendent's Signature

Date