

# ADDITIONAL WORK HOURS APPROVAL FORM

This approval form shall be deemed as part of the 2017-2018 Terms and Conditions and all provisions shall continue to be effective for the duration of the assignment(s) outlined below.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Department: \_\_\_\_\_

**Nature of Additional Workload:**

- Additional teaching hours
- Additional working hours
- Staff meeting or other
- Absence of other staff member
- Coordination
- Course Development
- Non-teaching

**Approval of additional hours for this employee will be as follows:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager name: \_\_\_\_\_

Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_