

**PRE-AUTHORIZATION FORM FOR REQUESTING EXTRA HOURS
ST. JOHNSBURY SCHOOL DISTRICT**

Employee's Name: _____ Position: _____

Date

Purpose for This Request

_____ Planning period coverage - Reason: _____
(Must be during your specified planning time and requested by an administrator.)

_____ Need to work through lunch - Reason: _____

_____ Need to attend meeting - Reason: _____
(Para requests must be made by a teacher or an administrator.)

_____ Other - Reason: _____

Administrator's Signature/Date