



Los Angeles Unified School District
Medical Services Division

REQUEST FOR PAYMENT OF ADDITIONAL TIME

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

INSTRUCTIONS:

- This form must be completed by the employee and approved by the site administrator (school/office) requesting and approving time and funding source prior to working
 Z-time (RG), RGZN, SAXB, TR01, TR02 or OT time
- It must then be submitted to DNSpayroll@lausd.net
- If working **5-hours or more**, make sure to **exclude the required lunch break** in the **TOTAL HOURS**.

Check One: ☐ CE – Certificated ☐ CL – Classified ☐ SM – Semi-monthly

Please print.

OFFICE USE ONLY:

____ RG: Unassigned day (**Z-time**)
____ RGZN: After work (**Certificated only**)
____ SAXB: Special Assignment X Basis/Saturday
____ TR01/TR02: Training Rate (Certificated Only)
____ OT: Overtime (**Classified Only**)

WORK DATE	DESCRIPTION OF DUTIES TO BE PERFORMED	TIME		TOTAL HOURS	SCHOOL/OFFICE USE ONLY		
		IN	OUT		COST CENTER (1xxxx01)	FUND (xxx-xxxx)	FUNCTIONAL AREA (xxxx-xxxx-xxxxx)

Total hours worked: _____ for the month of _____

Employee's Signature _____

Date _____

APPROVED: School and/or Program Administrator	APPROVED: Administrator/Chief Medical Director
Name:	Name:
Date:	Date:
Time Reporter's Initials & Date of Entry:	

I hereby certify that I was funded solely (100%) from the above program funds and received training/performed work as set forth on this program(s), single cost objective or single indirect activity cost.

Revised: 8/16/2024