



# ExCEL After School Programs



## ADDITIONAL EXTENDED HOURS REQUEST FORM

School Site: \_\_\_\_\_

CBO: \_\_\_\_\_

Site Coordinator: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Justification for Request of Additional Extended Hours Beyond \$6,000/School Year:

- Name of Certificated Teacher: \_\_\_\_\_
- Proposed Number of Hours: \_\_\_\_\_ Proposed Total Pay: \_\_\_\_\_
- Current Lead Teacher? \_\_\_\_ Yes \_\_\_\_ No

### Purpose of Additional Hours:

DESCRIBE DUTIES IF CURRENTLY WORKING IN YOUR PROGRAM. ATTACH ADDITIONAL PAGE(S) IF NECESSARY

---



---



---



---



---

### SITE APPROVAL:

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

*FAX Request (415) 750-8653 or SCAN and EMAIL to ExCEL District Coordinator*

### ExCEL APPROVAL:

Name & Signature \_\_\_\_\_

Kevin Truitt, Associate Superintendent \_\_\_\_\_