

**EXTENDED HOURS COMPENSATION APPLICATION**  
**ALPINE SCHOOL DISTRICT**

Name \_\_\_\_\_ School \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Area of Instruction \_\_\_\_\_

Is Your Regular Contract? Full Time \_\_\_\_\_ Less than Full Time \_\_\_\_\_

**AREAS AND HOURS FOR WHICH YOU ARE APPLYING:** **# Hours**

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EQUIPMENT MAINTENANCE AND REPAIR \_\_\_\_\_

CAREER AND TECHNICAL STUDENT ORGANIZATIONS (CTSO's) \_\_\_\_\_

PROFESSIONAL DEVELOPMENT (Can not be used for the USOE Summer CTE Conference) \_\_\_\_\_

PRE-APPROVED CURRICULUM DEVELOPMENT \_\_\_\_\_

TOTAL \_\_\_\_\_

Justification for the request:

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Instructor \_\_\_\_\_  
Signature

Total Number of Hours Approved: \_\_\_\_\_

CTE Coordinator \_\_\_\_\_  
Signature