

**FLSA Qualified Overtime Research Request Form**

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Position: \_\_\_\_\_

Document(s) Requested:  2025 FLSA Qualified Overtime Amount

Mailing Instructions:

**Active Employees:**

If applicable, documents will be sent exclusively to the employee's LAUSD email address.

**Former Employees:**

If applicable, documents will be sent via U.S. Mail to the address on file, or to an updated address if provided below. Your address on record will be updated.

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Note:** A change of address for a retired employee must be processed through Benefit Administration. The Retiree Change of Address Form must be completed before documents can be forwarded to a new address.

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please email the completed form to [payrollsupport@lausd.net](mailto:payrollsupport@lausd.net)*