

Overtime/Compensatory Time Documentation

Employee Name: _____

Employee ID: _____

Supervisor's Prior Authorization for Overtime Work			
Date Work to be Done	# Hours Authorized	Need/Purpose	Supervisor Sign/Date

Payroll Documentation of Overtime Worked							
	WED	THR	FRI	SAT	SUN	MON	TUE
1 Dates							
2 Hours							
Instructions: Line 1 – Write month/day/year. Line 2 – Write number of hours worked beyond the regular work day. Box A – Total number of hours on Line 2. Box B – If overtime is 2.5 hours or less, enter the amount from Box A into Box B. If overtime is more than 2.5 hours, enter 2.5 into Box B. Box C – Box C = Box A minus Box B. (If Box A is 2.5 hours or less, Box C will be zero.)							<input type="text"/> A Total Hours
							<input type="text"/> B Straight Time
							<input type="text"/> C Hours for OT Rates

Payroll Note: If reported for payment, Box B and Box C totals should be used on the payroll sheet for this payroll period. This original form must be filed with the payroll report.

To Be Completed by Employee:

I wish to use _____ hours as compensatory time on _____ (date/dates) in lieu of taking leave. (May not accrue more than 100 hours of compensatory time off during a fiscal year. Compensatory time may not be carried over to another fiscal year.)

I wish to be paid for time worked beyond my regular work week.

Employee's Signature

Date

To Be Completed by Supervisor:

I approve the use of compensatory time on _____ (date/dates).

I approve payment for _____ hours on the next payroll report.

Supervisor's Signature

Date