OVERTIME / COMP TIME REQUEST

EMPLOYEE NAME: __________________________________________________________

DATE REQUESTED: ________________________________ ______________________

FROM: ____________ TO: ____________ TOTAL HOURS: __________

REASON FOR OVERTIME REQUEST: __________________________________________

_________________________________________________________________________

_________________________________________________________________________

OVERTIME IS TO BE PAID: ☐ PAID @ OVERTIME RATE ☐ TIME TAKEN OF ON: ________

COMP TIME MUST BE USED BY THE END OF THE NEXT PAY PERIOD AFTER IT IS ACRUED.

__________________________________________ ________________________________
EMPLOYEE’S SIGNATURE DATE

SUPERVISOR RESPONSE: ☐ APPROVED ☐ DENIED

COMMENTS:_______________________________________________________________

_________________________________________________________________________

SUPERVISOR SIGNATURE DATE

APPROVAL SIGNATURE DATE