## Overtime/Compensatory Request Form Please Print Clearly

Employee Name:		ID#:		
Date(s) and Time(s) Requested:				
Number of Hou	urs Requested:			
Explanation of	Time Requested:			
***Note – Tim	e should not be expe	ended beyond am	ount approved.	
Method of comp	pensation is for work pe	erformed which exc	eeds 40 hours in a given week (N	on-Exempt Personnel)
Method of Compensation: (Non-Exempt)				
Compensation time at 1 ½ times the hourly time worked ( <i>requires 40 hours worked</i> )				
Compensation time at straight time ( <i>less than 40 hours worked</i> )				
	etary payment at 1 ½ ti uires 40 hours worked)	mes the hourly rate	upon approval from Director of	Personnel
☐ Monetary payment at straight time upon approval from Director of Personnel ( <i>less than 40 hours worked</i> )				
		,ne time apon appro	varioni birector or reisonner (r	ess than 40 hours worked
	pensation: (Exempt)			
Excess Day ( <b>Exempt personnel who work days outside their calendar</b> )				
☐ Monetary payment				
Employee's Signature		Date		
<b>П</b> с	A			
Supervisor's Approval			Curamica da Cianatura	Data
☐ Supervisor's Disapproval			Supervisor's Signature	Date
			n of the form after the duties h	
Date:	Hrs. Worked:	*From:	То:	No. of Hrs.:
Date:	Hrs. Worked:	*From:	To:	No. of Hrs.:
Date:	Hrs. Worked:	*From:	То:	No. of Hrs.:
Date:	Hrs. Worked:	*From:	To:	No. of Hrs.:
Date:	Hrs. Worked:	*From:	To:	No. of Hrs.:
			Total Time Worl	ked:
Employee's Signature		Date		
			Supervisor's Signature	Date
Instructions:				
	portion of this form <b>must</b>	be completed PRIOR	to any duties being performed by:	
			the assigned or contracted days in a	a given year.
	A non-exempt employee			4
<ol> <li>The bottom portion of this form must be completed AFTER the duties have been performed.</li> <li>Submit the completed form to the Personnel Department no later than p.m. on day the week after</li> </ol>				

duties were performed.