

## OVERTIME/COMPENSATORY TIME AUTHORIZATION FORM

Employee Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_

Org Unit Name/#: \_\_\_\_\_ Pay Period Start/End Date: \_\_\_\_\_

### OVERTIME APPROVAL

	Date	Est. # Hours To Be Worked	Reason for Overtime Request	OVERTIME PRE-APPROVED BY	DATE Estimated Hours Approved	Actual Time In	Actual Time Out	Actual # of Hours Worked	ACTUAL OVERTIME APPROVED BY	DATE Actual Hours Approved
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
<b>Total Est. Hrs.</b>						<b>Total Actual Hrs.</b>				

### COMPENSATORY TIME APPROVAL

	Date	Est. # Hours To Be Worked	Reason for Compensatory Time Request	COMPENSATORY TIME PRE-APPROVED BY	DATE Estimated Hours Approved	Actual Time In	Actual Time Out	Actual # of Hours Worked	ACTUAL COMPENSATORY TIME APPROVED BY	DATE Actual Hours Approved
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
<b>Total Est. Hrs.</b>						<b>Total Actual Hrs.</b>				

Per Board Policy, all Overtime and Compensatory time **MUST BE PRE-APPROVED**. Fill in the estimated number of hours and the reason for overtime/comp time by day in the appropriate Overtime/Compensatory Time section. Each date to be worked should be entered separately. The supervisor must sign below and in the Approved By column for each date. After working overtime or comp time, record the actual time in and out, and the actual number of hours worked each day to the nearest quarter hour (.00, .25, .50, .75) at the STRAIGHT TIME rate. The supervisor must sign in the Approved By column for each date actually worked. (NOTE: an Overtime/Compensatory Time Authorization form should be filled out for each pay period when overtime or compensatory time may be required. A Vacation Leave Request form should be completed when compensatory time is used.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (Please Print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date