

**Approval to Work Overtime or Compensatory Time
For Employees Eligible to Earn Overtime**

To be completed by Employee:

I would like to request approval to work (circle one)

Overtime Compensatory Time

Approximate number of additional hours to be worked _____

Work to be performed during these additional hours _____

Date and time additional hours will be worked _____



To be completed by Supervisor:

Your request to work additional hours as noted above has been (circle one)

Approved Denied

Comments _____

Supervisor's Signature _____



Copies of completed form should be kept by the Employee and Supervisor for a period of 2 years.