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.