

REQUEST FOR COMPENSATORY HOURS/CASH PAYMENT

Name _____

Overtime Hours Earned

Date _____ From _____ am/pm To _____ am/pm

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours _____

OT Eligible (x 1.5) _____

Method of Payment (check one)

_____ Compensatory hours credited

Previous balance _____ New balance _____

_____ Overtime cash payment

Activity Necessitating Overtime _____

Prior approval of the supervisor is required to earn overtime.

Employee's Signature

Date

Supervisor's Signature

Date