



Request for Overtime/Comp Time

Employee Name: _____ Date: _____

Position: _____ Department/Location: _____

I request to work overtime/comp time on the following date(s):

_____	_____	_____	_____
# of Hours	Date	# of Hours	Date
_____	_____	_____	_____
# of Hours	Date	# of Hours	Date

Total overtime/comp time not to exceed: _____

Detailed explanation why overtime/comp time is required, describing why the work cannot be completed during regular work hours:

Employee Signature: _____

Supervisor Signature: _____

Overtime/comp time is not approved until signed off by the Principal or Director (Cabinet level). Overtime/ comp time worked without the proper authorization may result in disciplinary action.

Your request is: Approved Denied

Reason: _____

Authorization Signature (Principal or Director): _____

Employee Will Receive: Overtime Pay: _____ Comp Time: _____

Budget Code for Overtime Pay: _____

Date(s) Comp Time Will Be Taken: _____