

# Overtime/ Comp-time Form

Employee Name: \_\_\_\_\_

ID# \_\_\_\_\_

Date(s) time is requested: \_\_\_\_\_

Number of hours requested: \_\_\_\_\_

Explanation of time requested: \_\_\_\_\_

**\*\*\* Note - Time should not be expended beyond amount approved**

Method of Compensation below is for work performed which exceeds forty hours in a given week (Non-Exempt Personnel)

Method of Compensation: (Non-Exempt)

- Compensation time at one and half times the hourly time worked  
*(requires 40 hrs worked)*
- Compensation time at straight time *(less than 40 hrs worked)*
- Monetary Payment at one and half times the hourly rate upon approval from Director of Personnel *(requires 40 hrs worked)*
- Monetary Payment at straight time upon approval from Director of Personnel *(less than 40 hrs worked)*

Method of Compensation: (Exempt)

- Excess Day  
(Exempt Personnel who work days outside their calendar)
- Monetary Payment

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

Date \_\_\_\_\_

- Supervisor Approval
- Supervisor Disapproval

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

Date \_\_\_\_\_

IF TIME IS APPROVED, COMPLETE THE FOLLOWING SECTION OF THE FORM AFTER THE DUTIES HAVE BEEN PERFORMED.

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Date:	Hrs. worked: *From	To	No. of Hrs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL TIME WORKED: \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

1. Instructions:  
The top portion of this form must be completed PRIOR to any duties being performed by:
  - A. An exempt employee who will work more than the assigned or contracted days in a given year
  - B. A non-exempt employee who will work more than forty (40) hours in a work week.
2. The bottom portion of this form must be completed after the duties have been performed.
3. Submit the completed form to the Personnel Department no later than 4:30 p.m. on Monday the week after duties were performed.