## REQUEST FOR OVERTIME/COMPENSATORY TIME

The supervisor must complete this form in **advance**, before excess time is worked beyond the 35 hours work week by an employee.

**Non-exempt** represented employees are entitled to receive compensatory time for assigned hours worked between 35 and 40 on an hour-for-hour basis

**Exempt** represented employees are entitled to receive compensatory time for all assigned hours worked in excess of 35 hours on an hour-for-hour basis.

Timesheet must accompany all requests for overtime and compensatory time.

| Emplovee's Name                             | / Title / Departmer                                | nt  |                              |                       |                   |
|---|--|---|------------------------------|-----------------------|-------------------|
| p,  | , ,  |   |                              |                       |                   |
| Supervisor's Name                           | e / Telephone Numb                                 | per   |                              |                       |                   |
| Assigned work schedule is                   |  | to A regular workweek is scheduled from Sunday through Saturday |                              |                       |                   |
| Date  | Time In  | Time Out  | Shift Diff                   | Comp Time             | Overtime          |
|   |  |   |                              |                       |                   |
|   | +  |   |                              |                       |                   |
|   |  |   |                              |                       |                   |
|   |  |   |                              |                       |                   |
|   |  |   |                              |                       |                   |
|   |  |   |                              |                       | *                 |
|   | re <b>must coincide</b> with<br>Finance Department | the hours on the att  | ached time sheet. *0         | vertime must have the | approval from the |
| Reason for the e                            | extended hours:                                    |   |                              |                       |                   |
|   |  |   |                              |                       |                   |
|   |  |   |                              |                       |                   |
| •   |  |   |                              |                       |                   |
| Employee Signature / Date▼                  |  |   | Supervisor Signature / Date▼ |                       |                   |
| Admin/Finance Dept. or Designee's Signature |  |   | Date                         |                       |                   |
|   |  |   |                              |                       |                   |