

Overtime Request/Settlement Form

Prior approval from Supervisor and the Human Resource Office is required.

Section I - Employee complete, print and submit to Supervisor:

Overtime requested for:

(Employee's Name)

Date(s) of Overtime:

Reason for Overtime:

Amount of hours requested

To be paid by: Compensatory Time Off Overtime Compensation

Employee Signature:

Date

Section II - Supervisor complete and submit to Human Resource Director prior to date of overtime:

Supervisor's Approval:

Date

Human Resource Director's Approval:

Date

Section III - For Payroll Use Only

Date	Hours	For Payroll Use Only

Payroll Office Use Only

Compensatory Time Earned

Overtime Dollars Earned

Posted to Leave System

Payment Date
