

Request For Extra Compensation (Hourly Employees)

Employee _____ Date _____

Date earned _____ Extra Hours worked _____

Start Time: _____ End Time _____

Reason _____

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Start Time: _____ End Time _____

Reason _____

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Start Time: _____ End Time _____

Reason _____

Date earned _____ Extra Hours worked _____

Start Time: _____ End Time _____

Reason _____

Date earned _____ Extra Hours worked _____

Start Time: _____ End Time _____

Reason _____

Employee Signature

Supervisor Signature

approve

disapprove

Office Use Only

Employee has chosen: _____ Overtime _____ Compensatory Time

Compensation rate – please check one:

_____ hour for hour _____ time and a half
(must have “worked” 40 hrs during the work week to receive
compensation at time and a half)

Overtime Pay

Comp hours

_____ hrs @ reg. rate _____ = _____

_____ hrs (hour for hour)

_____ hrs @ O.T. rate _____ = _____

_____ hrs @ 1.5 = _____