

# 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 - Employee must complete settlement and submit to Supervisor after work is completed.

Supervisor must approve and return to Human Resource Office for processing.

Date	Hours	For Payroll Use Only

Employee Signature:

\_\_\_\_\_

Supervisor's Signature:

\_\_\_\_\_

Supervisor's signature is a verification of overtime hours worked.

### Payroll Office Use Only

Compensatory Time Earned

\_\_\_\_\_

Overtime Dollars Earned

\_\_\_\_\_

Posted to Leave System

\_\_\_\_\_

Payment Date

\_\_\_\_\_