

# PRIOR APPROVAL OF OVERTIME/COMPENSATORY TIME

EMPLOYEE NAME: \_\_\_\_\_

Request for overtime work as follows:

## RECORD OF ACTUAL HOURS WORKED

Date	Starting Time	Ending Time	Hours/Minutes

Reason for overtime: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee                      Date

\_\_\_\_\_  
Approved by Supervisor                      Date

\_\_\_\_\_  
Approved by Executive Officer                      Date