OVERTIME/COMPENSATORY TIME

FROM:	DATE:
TO:	VIA:

It is requested that authorization be given for the following ☐ OVERTIME ☐ COMPENSATORY ☐ CREDIT HOURS RELIGIOUS ☐ ADVANCE RELIGIOUS

PAY NUMBER	FLSA	TYPE OF	NAME *(Last, First, Middle Initial)*	NUMBER	DATE(S) *(From)*	*(To)*
	*SEE LEGEND BELOW					

JOB ORDER NO.	WORK ORDER NO.	LOCATION

JUSTIFICATION WHY THE OVERTIME OR COMPENSATORY TIME WORK CANNOT BE ACCOMPLISHED DURING NORMAL WORKING HOURS:
(Not required for Religious Compensatory Time).

SIGNATURE: *(Requestor)*	TITLE:
AUTHORIZATION: REQUEST IS: ☐ APPROVED ☐ NOT — SIGNATURE *(Approving authority)*	DATE:

NOTE: IF THIS REQUEST WAS NOT APPROVED IN ADVANCE OF THE TIME WORKED, ADD JUSTIFICATION FOR APPROVAL AFTER THE FACT.

* LEGEND:	FLSA	
	N = NONEXEMPT	1 = REGULARLY SCHEDULED OVERTIME

NOTE: THIS REQUEST MAY CONTAIN INFORMATION