



Authorization to Earn Compensatory Time

Veterans Services <input type="checkbox"/>			Veterans Home <input checked="" type="checkbox"/>		
Employee Name: (print) _____			Personnel Number: _____		
I respectfully request authorization to earn Compensatory Time:					
From: (Month/Day/Year)		To: (Month/Day/Year)			
/ /	<input type="checkbox"/> AM <input type="checkbox"/> PM	/ /	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Justification for Compensatory Time:					
Employee's Signature: _____			Date: _____		
Employee's Position _____					
Approved by Administrator: _____			Date: _____		
Approved by Deputy Director: _____			Date: _____		
<p>Note 1: The Deputy Director's signature is required ONLY if the Compensatory Time accrued, as a result of overtime approved on this authorization, will exceed 240 hours.</p> <p>Note 2: A separate authorization must be approved for each pay period.</p>					
DATE	STARTING TIME	ENDING TIME	HOURS	MINUTES	APPROVED BY SUPERVISOR
Total Overtime Worked (Hours): _____					