

REQUEST FOR COMPENSATORY HOURS FOR OVERTIME EXEMPT EMPLOYEES

Name

<u>Date</u>	<u>Beginning Time</u>	<u>Ending Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Activity Necessitating Overtime:

Prior approval of the supervisor is required to earn overtime.

Employee's Signature

Supervisor's Signature

Date

Date