

COMPENSATORY AND OVERTIME CLAIM

Name _____
Payroll Ending _____

Date _____
Overtime

Prior Approval
Comp. Time

Reason For Request _____

| | | | | | | | | | | | | | | | | |
|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| Daily | | | | | | | | | | | | | | | | |
| Hours | | | | | | | | | | | | | | | | |
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

Total Hours
Approved Denied

Prepared By _____

Date _____

Supervisor Signature _____

Date _____

If Denied Give Reason _____

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