

COMPENSATORY TIME REQUEST FORM

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COMPENSATORY TIME REQUEST FORM — TRAVEL AND OVERTIME

EMPLOYEE NAME	EMPLOYEE ID	DATE FORM COMPLETED
<input type="text"/>	<input type="text"/>	<input type="text"/>

IMMEDIATE SUPERVISOR	DEPARTMENT
<input type="text"/>	<input type="text"/>

SELECT ONE

PRE-APPROVAL

POST-APPROVAL

TRAVEL

PROPOSED OVERTIME WORK SCHEDULE

OVERTIME START DATE	OVERTIME END DATE
<input type="text"/>	<input type="text"/>

FLSA STATUS

FLSA EXEMPT

FLSA NON-EXEMPT

PROPOSED # REG HOURS	PROPOSED # OT HOURS	PROPOSED TOTAL HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>

If status unknown, contact HR

PURPOSE OF OVERTIME

PROPOSED TRAVEL SCHEDULE

TRAVEL START DATE	TRAVEL END DATE	RESIDENTIAL LOCATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

PROPOSED # REG HOURS	PROPOSED # OT HOURS	DESTINATION LOCATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

COMPENSATION

If overtime approved, select method of compensation.

EMPLOYEE SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

SELECT ONE

Overtime pay at 1.5 times my hourly rate

Compensatory Time (Straight Time)

Compensatory Time for Travel (Straight Time)

APPROVAL / DENIAL Comment Below: Explanation of Modification -or- Basis for Denial

SELECT ONE

APPROVED

APPROVED with modification

DENIED

APPROVAL SIGNATURES

SUPERVISOR SIGNATURE	DATE OF APPROVAL	APPROVING OFFICIAL SIG. 2	DATE OF APPROVAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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