# REQUEST FOR OVERTIME/COMPENSATORY/CREDIT

Overtime Compensatory Time Travel Compensatory Time Credit Hours

Employee Name: Employee Signature:

|  |  |  |
| --- | --- | --- |
| Pay Period | Dates work is to be performed | Estimated hours |
|  |  |  |
|  |  |  |

**Pre- Approval Justification:** (Required: explain why regular tour of duty insufficient for completion of duties; such as, short staffing, sick calls, etc.)

**APPROVE: YES**

**NO**

Supervisor Signature:

Date

**Actual Date/Time/Hours Worked** - duties/tasks completed: (attach additional pages if needed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pay Period | Day Work is Performed | Actual Date Worked | Actual Hours Worked | Travel Comp Time or Credit Earned | Total Overtime Worked | Total Travel Comp TimeEarned |
|  |  |  |  |  |  |  |
|  | Sunday |  |  |  |  |  |
|  | Monday |  |  |  |  |  |
|  | Tuesday |  |  |  |  |  |
|  | Wednesday |  |  |  |  |  |
|  | Thursday |  |  |  |  |  |
|  | Friday |  |  |  |  |  |
|  | Saturday |  |  |  |  |  |

# Use for Travel Comp Time Only:

|  |  |
| --- | --- |
| Total travel time |  |
| *minus* |  |
| Travel time within regular working hours |  |
| Travel to/from airport within limits of official duty station |  |
| Bona fide meal period |  |
| **Compensatory total time off for travel** |  |

**Recommend: YES NO**

Supervisor Signature:

Date

Next Line Supervisor Signature: (IF NEEDED) Date

11.27.17