| **Overtime Approval Form for Month of** |  |
| --- | --- |
|  | **Print Month** |

| Datatel No.: |       |  | Date submitted: |       |
| --- | --- | --- | --- | --- |

| **Overtime has been requested and approved by** |  | **for** |
| --- | --- | --- |
|  | **to work overtime for the purpose of completing** |
|  | **(insert abbreviated reason for overtime work/project).** |

*(****Indicate in remarks projected dates that comp time will be scheduled/taken by the employee in this pay period****)*

|       | Overtime Hours Authorized |
| --- | --- |

| **From:** | Time |       |  | Date |       |  | **To:** | Time |       |  | Date |       |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **From:** | Time |       |  | Date |       |  | **To:** | Time |       |  | Date |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **From:** | Time |       |  | Date |       |  | **To:** | Time |       |  | Date |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **From:** | Time |       |  | Date |       |  | **To:** | Time |       |  | Date |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

| Remarks: |       |
| --- | --- |
|       |
|       |

|       |  Approvals: |       |
| --- | --- | --- |
| Employee’s Name (Please print) |  | Supervisor Name & Date |
|  |  |  |
| Employee’s Signature |  |  |

**NOTE TO EMPLOYEE:** This form must be attached to timesheet for the period in which the compensation time was awarded and completion of the compensation time calculation on the bottom of the timesheet must be completed using the information in this approval form for calculation of accrued comp time for your payroll records.

**NOTE:** Overtime authorized on this form will not result in comp time if authorized employee’s work times do not exceed 40 hours per week.