



COMPENSATORY TIME AUTHORIZATION

The authorization for work and top section of form is to be completed BEFORE employee performs work!

I authorize the following employee to work additional hours during the period stated below:

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Employee Name	ID #	Department	Date
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Reason for scheduling of compensatory time:

Date(s) and Estimated Hours to be Worked:

Date	Estimated Hours

Approved: _____
Supervisor's Signature Date

Time Record of Hours Worked

	Dates Worked	Total Holidays & Actual Hours Worked	Identify & Show Total Hours of Leave Taken
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Employee's Signature **Date**

Supervisor's Signature **Date**

Supervisor: Please submit completed form to the Human Resources office no later than the end of each week that compensatory time is worked.