



**Classified White Collar Request For Compensatory Time**

**\*\*\*This form must be completed by the supervisor in advance, before excess time is worked beyond the 35 hour work week by an employee. The completed form must be submitted with employee's bi-weekly timesheets.\*\*\***

Employee Name: \_\_\_\_\_ Employee Title: \_\_\_\_\_

**ASSIGNMENT SCHEDULE**

<u>DAY</u>	<u>DATE</u>	<u>TIME IN AM/PM</u>	<u>BREAK AM/PM</u>	<u>TIME OUT AM/PM</u>	<u>TOTAL HOURS</u>
<u>SATURDAY</u>					
<u>SUNDAY</u>					
<u>MONDAY</u>					
<u>TUESDAY</u>					
<u>WEDNESDAY</u>					
<u>THURSDAY</u>					
<u>FRIDAY</u>					

Total Overtime Hours Requested: \_\_\_\_\_

Detailed Reason For Extended Hours:

**Approval:** Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_