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| --- | --- |
|  Employee (Last, First) Name:   | Supervisor’s Name:       |
| I request compensatory time or overtime as specified below: |
| Date(s) extra hours will be worked | Estimated number of hours | Purpose for extra hours |
|  |       |       |
|       |  |       |
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|       |  |       |
|  |
| Employee’s Signature: |   | Date:       |
|  |
| **Approvals**Supervisor’s Signature: |  | Date:       |
|  |
| **Approvals**Division Director’s Signature: |  | Date:       |