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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: |