



COMP-TIME/OVERTIME EARNED

Employee Name: _____

Employee Department: _____

Dept. Head Name: _____

APPROVED OR DENIED

(Please circle One)

<p>OVERTIME</p> <p>OR</p> <p>COMPTIME</p>

REASON FOR COMP-TIME/OVERTIME

DATE	START TIME	END TIME	TOTAL	Reason
Total			0	

Employee Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

Salaried Employees are subject to comp time. Hourly employees are subject to overtime or comp-time as applicable by FLSA.

