

# OVERTIME REQUEST SETTLEMENT FORM

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**SECTION I** – Employee is to complete this section and submit form to supervisor.

<b>EMPLOYEE NAME</b>		<b>EMPLOYEE ID</b>		<b>DATE FORM SUBMITTED</b>	
<b>DATE(S) OF OVERTIME</b>					
<b>EXPLANATION OF OVERTIME WORK</b>					
<b># OF HOURS REQUESTED</b>		<b>TO BE PAID BY:</b>	Compensatory Time Off		Overtime Compensation
<b>EMPLOYEE SIGNATURE</b>				<b>DATE</b>	

**SECTION II** – Supervisor to complete this section and submit to HR prior to date of overtime.

<b>SUPERVISOR APPROVAL</b>			<b>DATE</b>	
<b>HR APPROVAL</b>			<b>DATE</b>	

**SECTION III** – Employee must complete settlement and submit to Supervisor after work is completed. Supervisor must approve and return to HR for processing.

DATE	HOURS	For Payroll Use Only

<b>EMPLOYEE SIGNATURE</b>			<b>DATE</b>	
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<b>SUPERVISOR SIGNATURE</b>			<b>DATE</b>	
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*Supervisor signature is a verification of overtime hours worked.*

————— **PAYROLL USE ONLY** —————

COMPENSATORY TIME EARNED		OVERTIME DOLLARS EARNED	
POSTED TO LEAVE SYSTEM		PAYMENT DATE	
PROCESSED BY		DATE PROCESSED	

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