



CUSTODIAL DEPARTMENT

Compensatory/Overtime Request Form

Date: _____

Employee Name: _____

"S" Number: _____

Date(s) Requested for Time Off: _____

Overtime Hours Paid: _____

Purpose of Overtime: _____

For approval purposes, Work Order number(s) need to be provided. If Work Order number(s) are not provided, the request will not be approved:

Supervisor's Name: _____

Supervisor's Approval: Yes / No

Supervisor's Signature: _____

Date

Budget Manager's Approval: Yes / No

Budget Manager's Signature: _____

David Earl

Date

*****This form must be filled out and signed by all parties in full if employee wants to take time off using their **Comp. Time Earned** hours or if employee wants to be paid for any **Overtime** or **Comp. Time Earned**.*****