

Name:
Agency:

Employee ID #
Div/Dept:

WEEK 1		Actual Hours Worked	Annual ANL	SICK SCK	Holiday HOL	Adm Leave ADM	Comp Time Used ADU	Adm Comp Used ADU	Personal Day PER	Edu Leave EDP	OTHER	OTHER	OTHER	OTHER
Day/Date														
Sat:														
Sun:														
Mon:														
Tues:														
Wed:														
Thur:														
Fri:														
Totals:														

WEEK 2

Sat:														
Sun:														
Mon:														
Tues:														
Wed:														
Thur:														
Fri:														
Totals:														

FLSA non-exempt employees shall receive paid overtime for all approved overtime hours worked unless the employee requests compensatory time
And the Administrative Authority approves the request as indicated below

Compensatory time is requested in lieu of paid overtime: _____ hrs. Employee's Initials _____ Adm Authority's Initials _____ Date: _____

FLSA exempt and non-covered employees may receive administrative time off for approved overtime hours worked.

I hereby certify that the hours reflected are true and correct and have not been previously paid.

Employee's Signature

Date

Supervisor's's Signature

Date