

Non - Exempt Employee Overtime/Compensatory Time Request Form

**Requester Information**

Requester Name:		Date Submitted:
Job Title:	Department Name:	
Employee ID:	Contact Number:	
Requester Email:		
Supervisor:	Contact Number:	
Supervisor Email:		
Classification:    Non-Exempt    Other:	Status:    Full-time    Part-time	

**Scope of Request**

Total number of hours requested:	Prior OT or Comp. time granted?    Yes    No
What is your current balance of OT or Comp. time?	
When will the hours in excess of 40 hours / week be accrued?	
Identify the reasons in support of your request:	

**Immediate Supervisor Authorization**

This request is:    Approved     Denied

\_\_\_\_\_  
**Signature & Printed Name**

\_\_\_\_\_  
**Date**

Comments: