



**OFFICE OF HUMAN RESOURCES**  
**WEEKLY OVERTIME/COMPENSATORY TIME AUTHORIZATION FORM FOR HEO SERIES EMPLOYEES ONLY**

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Week ending of: \_\_\_\_\_

**INSTRUCTIONS:** Please complete all of the below including Total Time and Overtime Earned columns. For exempt employees, compensatory time is counted after **35** hours per week. For non-exempt employees, compensatory time is counted for hours between **35-40** hours. Also, non-exempt employees are eligible for cash overtime payment for hours exceeding **40** in a work week.

DAY OF THE WEEK	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hrs. Per Week (A)	Regular Weekly Hrs. (B)	Total Time Earned (C) (A-B=C)	Total Overtime (OT) to be Paid (C-5=OT)
DATE											
ACTUAL HOURS WORKED									35		

**I certify that the above hours accurately reflect the actual hours worked and were approved in advance.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify that I have approved the hours worked in advance and confirm that the above hours are accurate to the best of my knowledge.**

Supervisor's Name (Print): \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Both overtime and compensatory time has been reviewed and approved for processing:**

Approved by: Designated Administrator's Signature \_\_\_\_\_ Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE OF HUMAN RESOURCES USE ONLY:**

\_\_\_\_\_  
 David Boxill  
 Executive Director of Human Resources

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

- Distribution List: Original to Office of Payroll  
 Copy to Employee & Employee's Personnel File  
 Copy to Office of Human Resources