

## Monthly Request for Overtime Compensation (LEAVE HOURS) for Non-Exempt Personnel

Department/Unit: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Employee's A-Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Pay Period: \_\_\_\_\_  
Last First Month Year

Instructions: This must be

		x 1.5	
Mon.		x 1.5	
Tues.		x 1.5	
Wed.		x 1.5	
Thurs.		x 1.5	
Fri.		x 1.5	
Sat.		x 1.5	

TOTAL HOURS: \_\_\_\_\_

WEEK 4 Date (Mo/Yr)	No. of Overtime Hours	x 1.5	Overtime Comp. Leave Hours Total
Sun.		x 1.5	
Mon.		x 1.5	
Tues.		x 1.5	
Wed.		x 1.5	
Thurs.		x 1.5	
Fri.		x 1.5	
Sat.		x 1.5	

TOTAL HOURS: \_\_\_\_\_

**WEEK 2**      **No. of**      **x 1.5**      **Overtime**  
**Date**      **Overtime**           **Comp. Leave**  
**(Mo/Yr)**      **Hours**           **Hour**  
Date      Date  
(Mo/Yr)      (Mo/Yr)

No. of  
Overtime  
Hours

WEEK 5 Date (Mo/Yr)	No. of Overtime Hours	x 1.5	Overtime Comp. Leave Hours Total
Sun.		x 1.5	
Mon.		x 1.5	
Tues.		x 1.5	
Wed.		x 1.5	
Thurs.		x 1.5	
Fri.		x 1.5	
Sat.		x 1.5	

TOTAL HOURS: \_\_\_\_\_

			<b>Overtime Comp. Leave Hours Total</b>
Sun.		x 1.5	
Mon.		x 1.5	
Tues.		x 1.5	
Wed.		x 1.5	
Thurs.		x 1.5	
Fri.		x 1.5	
Sat.		x 1.5	

TOTAL HOURS: \_\_\_\_\_

**MONTHLY TOTAL OF COMPENSATORY LEAVE HOURS EARNED:** \_\_\_\_\_

**APPROVALS:**

\_\_\_\_\_  
 [1] Employee Date