**OVERTIME REQUEST SETTLEMENT FORM**

**SECTION I** – The employee should complete this section and submit the form to the supervisor.

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| --- | --- | --- |
| **EMPLOYEE NAME** | **EMPLOYEE ID** | **DATE FORM SUBMITTED** |
|  |  |  |
| **DATE(S) OF** **OVERTIME** |  |  |  |  |
| **EXPLANATION OF OVERTIME WORK** |  |
| **# OF HOURS REQUESTED** |  | **TO BE PAID BY:** | Compensatory Time Off |  | Overtime Compensation |  |
| **EMPLOYEE SIGNATURE** |  | **DATE** |  |

**SECTION II** – The supervisor should complete this section and submit it to HR prior to the date of overtime.

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| --- | --- | --- | --- |
| **SUPERVISOR APPROVAL** |  | **DATE** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HR** **APPROVAL** |  | **DATE** |  |

**SECTION III** – The employee must complete the settlement and submit it to the supervisor after the work is completed.

 The supervisor must approve the settlement and return it to HR for processing.

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| **DATE** | **HOURS** | **For Payroll Use Only** |
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|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYEE SIGNATURE** |  | **DATE** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUPERVISOR SIGNATURE** |  | **DATE** |  |

  *The supervisor’s signature is a verification of the overtime hours worked.*

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| **–––––––––– PAYROLL USE ONLY ––––––––––** |
| COMPENSATORY TIME EARNED |  | OVERTIME DOLLARS EARNED |  |
| POSTED TO LEAVE SYSTEM |  | PAYMENT DATE |  |
| PROCESSED BY |  | DATE PROCESSED |  |

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