



# San Carlos Apache College

## OVERTIME / COMP-TIME REQUEST FORM

### OVERTIME

### COMP-TIME

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

Department: \_\_\_\_\_

Pay Period #: \_\_\_\_\_

#### Overtime / Comp Time Details

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

#### Work Description & Justification

##### Description of Work Performed:

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##### Justification for Overtime/Comp Time:

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**I certify that the above information is true and accurate and that I have not been compensated by any other entity for this time. Falsification may result in disciplinary action.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_