



**OFFICE OF HUMAN RESOURCES  
OVERTIME APPROVAL - COMPENSATORY TIME OFF**

Employee: \_\_\_\_\_ Colleague ID: \_\_\_\_\_ Date: \_\_\_\_\_

Overtime is required for the following reason(s): \_\_\_\_\_

Date(s) of overtime: \_\_\_\_\_ Estimated number of hours authorized/required: \_\_\_\_\_

When working overtime for CTO, please remember the following:

- 1) This form must be submitted to your supervisor for approval prior to working overtime.
- 2) A copy of this form must be submitted to the Office of Human Resources at time of approval to work overtime.
- 3) Submit one overtime approval form for each timesheet.

Approval prior to working overtime:

\_\_\_\_\_  
Supervisor Date \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

**Monthly Time Worked – Compensatory Time Worked (CTO)**

Month: \_\_\_\_\_

1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	

Actual Hours Worked: \_\_\_\_\_

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

**This Section to be completed by Supervisor**

Supervisor authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Division Dean/Budget Manager authorization: \_\_\_\_\_ Date: \_\_\_\_\_

**REMINDER: PLEASE MAKE SURE YOU HAVE COMPLETED THE ABOVE OVERTIME APPROVAL FOR COMPENSATORY TIME OFF SECTION.**