Employee: _____________________________________________

Pay Period: ___________________________ to ___________________________

☐ I certify that I have worked my regularly assigned schedule, and have not worked in excess of 40 hours per week during this payroll period.

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Hours worked each week
-40
-40

Equals O.T. hours
x1.5
x1.5

Equals O.T. comp time earned

O.T. comp time earned this pay period

☐ I certify that the hours shown above, including the time charged to compensatory time credits, are correct and approved.

Employee Signature

Supervisor Signature

Rev. 12/18/2009

Employee: _____________________________________________

Pay Period: ___________________________ to ___________________________

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x1.5
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Equals O.T. comp time earned

O.T. comp time earned this pay period

O.T. comp time used this pay period

☐ I certify that the hours shown above, including the time charged to compensatory time credits, are correct and approved.

Employee Signature

Supervisor Signature

Rev. 12/18/2009